



State of Vermont  
Department of Labor  
Workers' Compensation and Safety Division  
5 Green Mountain Drive P.O. Box 488  
Montpelier, VT 05601-0488



**Report of Employer Conducting Business Without Workers' Compensation Insurance**

Date of this report \_\_\_\_\_  
Company Name \_\_\_\_\_  
Company Owner(s) \_\_\_\_\_  
Physical Location(s) of Business \_\_\_\_\_  
Mailing Address of Business or Owner \_\_\_\_\_  
Phone Number of Business or Owner \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Number of Employees \_\_\_\_\_

Evidence of non-compliance with workers' compensation insurance requirements (attach available documentation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In order for us to follow up with you, please provide the following information. This information is not confidential and may be released under certain circumstances.**

Name of Complainant \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Relationship to Business or Business Owner:

- Employee  Former Employee  Competitor  Neighbor  
 Other \_\_\_\_\_

Please return the completed form to the mailing address above, or by FAX to (802) 828-2195.