NYS Workers' Compensation Board Bureau of Compliance Employer Whistleblower Form

To report an employer that you suspect is violating the workers' compensation coverage requirements, please complete this form.

All the required information in the referral must be completed for the Bureau to initiate an investigation. If the required information is not completed, this referral will not be investigated. Upon completion of the referral form, you may fax to (518) 402-6294 or mail to New York State Workers' Compensation Board, Bureau of Compliance, PO Box 5200, Binghamton, NY 13902-5200. To make a referral by phone, please call 1-866-571-6729.

Required Information – all information requested must be completed

Violation Type (select all that apply):	No workers' compensation coverage
	Employer is underreporting or concealing payroll
	Employer is misclassifying employees
Name of Employer:	

Address/Directions:

Some examples of alleged violations include:

- 1) Employer has 5 workers framing a house and the employer does not have workers' compensation.
- 2) Employer reports paying his/her workers \$10.00 an hour to the insurance company or the employee leasing company, but also pays another \$5.00 an hour in cash.
- 3) Employer is paying all or some individuals in cash "off the books".
- 4) Employer is an asbestos removal company but has reported all employees as clerical employees for workers' compensation premium classification purposes.)

Optional Information

The Bureau may contact you to clarify the information that was provided or to obtain additional information.

All referrals made to the Workers' Compensation Board will be kept confidential to the extent possible under the law. If a Freedom of Information Law request is received for Form CE-150-RF, the Board will keep the document confidential to the extent permitted under Public Officers Law §87, and if a request is made solely for the name of the informant, the Board will not voluntarily disclose it.