



**Bureau of Workers' Compensation**  
**220 French Landing Drive, I-B**  
**Nashville, TN 37243-1002**  
**615-532-1319**  
**FAX: 615-253-6256**

## REQUEST FOR INVESTIGATION

Business Name: \_\_\_\_\_

Employer's FEIN: (if known): \_\_\_\_\_ Name of Owner(s): \_\_\_\_\_

Name of a contact person at business: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How Many Employees Work for this business (including part-time employees): \_\_\_\_\_

Describe what kind of work the Employees of this Business perform: \_\_\_\_\_

Names, addresses and phone numbers of Employees who work for this business, part-time or full time (please attach additional pages if necessary to list all Employees known to requesting party).

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Has there been a recent employee injury? Yes \_\_\_ No \_\_\_ If so, name of employee \_\_\_\_\_

**If you are willing to be contacted about this request, please provide your:**

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Printed Name of Requesting Party: \_\_\_\_\_

Date \_\_\_\_\_