



WEST VIRGINIA INSURANCE COMMISSION
SELF INSURANCE
WORKERS' COMPENSATION COMPLAINT FORM

NAME (person filing complaint): _____
(select one) CLAIMANT VENDOR OTHER

TELEPHONE: _____ EMAIL: _____

MAILING
ADDRESS: _____

CLAIM NUMBER: _____

EMPLOYER NAME AND POLICY NUMBER: _____

VENDOR /TPA NAME AND TELEPHONE NUMBER: _____

SELF INSURED EMPLOYERS ADMINISTER THEIR OWN CLAIMS.

HAVE YOU CONTACTED THE EMPLOYER OR TPA? YES NO

You are encouraged to resolve this issue by contacting the employer or the third party administrator prior to filing a formal, written complaint.

IS THIS ISSUE CURRENTLY IN THE APPEAL PROCESS? YES NO

HAS THE SUPREME COURT OF APPEALS ISSUED A RULING ON THIS MATTER?

YES NO

PLEASE NOTE THAT THE WV INSURANCE COMMISSION CAN NOT INTERVENE IN MATTERS THAT ARE CURRENTLY IN LITIGATION OR OVERTURN RULINGS ISSUED BY ANY LEVEL OF THE APPEAL PROCESS.

