

COMPLAINT AGAINST WORKERS COMPENSATION INSURANCE CARRIER OR GROUP-FUNDED SELF-INSURANCE PLAN

K-ISH 140 (10-24)

If you are a public or private sector employer who believes their insurance carrier or group-funded self-insurance plan has not provided accident prevention services per **K.S.A. 44-5,104**, you may file a complaint with the Kansas Department of Labor.

Instructions: Provide all information requested below.

Full name of insurance carrier or group-funded self-insurance plan against whom the complaint is brought:

Address(es) of insurance carrier:

Street _____ City _____ State _____ ZIP _____

Insurance carrier contact: _____ Phone: _____

Fax: _____ Email: _____

Provide the specifics forming the basis for this complaint. Attach additional sheets if necessary.

Name of party filing complaint: _____

Company name: _____

Certification: I hereby certify that the above information is complete and correct to the best of my knowledge.

Signature: _____ Date: _____

(Representative of person filing complaint)

Printed name: _____ Title: _____

Address: _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

This complaint will be investigated by the Industrial Safety and Health Division. You will be notified of their findings in writing within 45 days.