

Questionable or Problem Claims Report for IPRF

Please complete this form and attach to First report of Injury when you submit a questionable or problem claim. Please date and sign the bottom of this form.

Reasons for questions about this claim:

_____ Late report of accident (over 45 days)

Check One: To Supervisor _____ To Employer _____ Other _____ *(use space below)*

_____ Employee has a history of disciplinary problems

_____ Unwitnessed accident

_____ Not in the course of employment

_____ Not at work the day of the accident

_____ Retained an attorney immediately

_____ Off premises injury

_____ Had a previous accident at home

Other (Explanation): _____

Please give details of any secondary employment: (Employer name, phone and contact):

Signature: _____ Date: _____

Telephone Number: _____ Your Position: _____