

Workersâ€™™ Compensation Retaliation Case Intake

Full Name

Email Address

Phone Number

Home Address

Employer Name

Employer Address

Job Title/Position

Dates of Employment

Date of Injury

Brief Description of Injury

Date Retaliation Occurred

Describe the Retaliation

Did you file a workersâ€™™ compensation claim?

Status of Workersâ€™™ Compensation Claim

Witnesses (names & contact information)

Additional Relevant Information