

FORM NO-04

WORKMEN'S COMPENSATION FRAUD – REPORTING FORM

Instructions: To report fraudulent workmen's compensation claims or related activities before the Commission, please complete this reporting form and submit directly to the Commission's Office, or via mail to the address below. For online submission, email the completed form to compliance@aswcc-gov.net.

Mail: Office of the Workmen's Compensation Commission
American Samoa Government
P.O. Box 39
Pago Pago, AS 96799

1. Date of this Report:
2. Does the person making this report want to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No (please specify your name): _____.
3. Name of person or entity allegedly committing fraud:
4. Please describe in detail the alleged fraud you believe is occurring and committed by the fraudster. Please indicate all evidence, dates, and events to prove such illegal activity, as well as names of all person(s) and entities involved.
5. Please specify your contact information: Telephone Mobile No.: Email Address: