



Industrial Insurance Discrimination Complaint Form

Case Number (Dept. Use Only)

Complainant's Information

Complainant's (Your) Full Name		Date of Birth	Date
Present Address		City	State Zip Code
Phone Number	Cell Phone Number	Injury Claim Number	Date of Injury
Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your preferred language for all communications with Labor and Industries?		
What is your preferred method of communication? <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email		Current Email Address	

Employer Information

Business Name	
Business Address	City State Zip Code
Supervisor's Name	Phone Number
Your Job Title	How long did you work for the employer?
Are you still employed with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your employment terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Last Worked: _____	Date Terminated: _____

Attorney Information

Do you have any attorney representing you with you this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attorney Name	
Attorney Address	City State Zip Code
Phone Number	

Injury and Discrimination Information

Did you report your injury to the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Title of the person you reported the injury to
Are you released to work at this time? <input type="checkbox"/> Yes <input type="checkbox"/> Full Duty <input type="checkbox"/> Light Duty <input type="checkbox"/> No	Are you presently on light duty/restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date you returned to work	Anticipated release for work date
Date of Alleged Act of Discrimination	Action Taken by Employer

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Why do you believe the employer took this action? (If you need more space, attach additional pages.)

List the names, addresses, and phone numbers of the witnesses to the alleged acts of discrimination.

Have you filed your complaint with any other agency? Yes No

If yes, which agency/agencies have you contacted?

I certify under the penalties of perjury that the information provided herein is the truth to the best of my knowledge.

Print Name

Signature

Date

Mail completed form to: Department of Labor and Industries
Investigations
PO Box 44277
Olympia WA 98504-4277

Your rights are:

[RCW 51.48.025](#) Retaliation by employer prohibited – Investigation – Remedies

1) No employer may discharge or in any manner discriminate against any employee because such employee has filed or communicated to the employer an intent to file a claim for compensation or exercise any rights provided under this title. However, nothing in this section prevents an employer from taking any action against a worker for other reasons including, but not limited to, the worker's failure to observe health or safety standards adopted by the employer, or the frequency or nature of the worker's job-related accidents.

2) Any employee who believes that he or she has been discharged or otherwise discriminated against by an employer in violation of this section may file a complaint with the director alleging discrimination within ninety days of the date of the alleged violation. Upon receipt of such complaint, the director shall cause an investigation to be made, as the director deems appropriate. Within ninety days of the receipt of a complaint filed under this section, the director shall notify the complainant of his or her determination. If upon such investigation, it is determined that this section has been violated, the director shall bring an action in the superior court of the county in which the violation is alleged to have occurred.

3) If the director determines that this section has not been violated, the employee may institute the action on his or her own behalf.

In any action brought under this section, the superior court shall have jurisdiction, for cause shown, to restrain violations of subsection (1) of this section and to order all appropriate relief including rehiring or reinstatement of the employee with back pay.