

Report to the Enforcement Bureau (Revised 2014)
New Mexico Workers' Compensation Administration
POB 27198, Albuquerque, NM 87125
Fax (505) 841-6873

The person/organization who did something wrong is: _____

Phone #s: _____ Address: _____

E-mail address/Web-site: _____

This person/organization is a:

- Worker Employer Insurance Company Case Manager Health Care Provider Claims Adjuster
 Attorney for the Worker Attorney for the Employer Other (Describe): _____

If **individual**, please provide if known: SSN: _____ DOB/Age _____ Employer: _____

What did this person/organization do wrong? Please provide as much information as possible, including, but not limited to, the **offending conduct** of the violator; the **date** of accident/injury; **location** of accident/injury and where claim was made; attorney name; **specific names of parties** and witnesses involved, . You may use more paper if you wish. If there are any documents that would be helpful, please attach.

Your name: _____ Phone #s: _____

Address: _____ E-mail address: _____

What is your relationship to the person/organization? _____

If you are **an insurer, SIU, or claims adjuster**, please attach (1) all copies of any notice provided to worker notifying them of their rights and responsibilities and (2) any documentation supporting the allegation(s), including, but not limited to, SIU investigative reports, surveillance, and any recorded statements. Because information pertinent to Enforcement Bureau's investigation may become discoverable, **do NOT send** attorney client communications, work product privilege, trade secret information, or similar privileged/protected information, unless you desire such information or documentation to become known to the parties involved.

If you would like help with this report, contact the Enforcement Bureau at (505) 841-6000 or 1-800-255-7965.

SECTION TO BE COMPLETED BY ENFORCEMENT BUREAU

Violation: _____ Classification Code# _____ Priority Code: _____

Date Opened/DB: _____ Investigator Assigned: _____ EB#: _____

__E1/E6 __Docket Info __WCA#: _____ __ Ack. Lett __ Status Lett. __Phys. File