CC-FORM-3C

Send original and 2 copies to:
Workers' Compensation Commission

WORKERS' COMPENSATION COMMISSION
1915 NORTH STILES AVENUE
OKLAHOMA CITY, OK 73105

THIS SPACE FOR COMMISSION USE ONLY

In re Claim of:

Full Name of Claimant (Injured Employee)
Name of Employer
Name of Employer Liability Insurance Carrier for Employer
COMMISSION FILE NO.

☑ Please check appropriate box

☐ I. Original Filing

☐ II. Amends Previously Filed CC-Form-3C. **(Highlight the change and identify whether it adds to or replaces the prior information.)**

NOTE: Mediation is available to help resolve certain workers' compensation disputes. For information, call (405) 522-5308 or In-State Toll Free (855) 291-3612.

(Please type or print)

FULL NAME OF EMPLOYEE (Last, First, Middle):	Social Security Number (LAST 4 DIGITS ONLY): XXX-XX-_____	Phone: ( )
Mailing Address (include City, State & Zip):	Date of Birth: Age:	Sex:

EMPLOYER	Employer's FEI # (Federal ID Number):	Telephone:	
Complete Mailing Address:	City:	State:	Zip:
Complete Street Address (if different from above):	City:	State:	Zip:

CLAIM FOR WORKERS' COMPENSATION DISCRIMINATION OR RETALIATION

1. This Claim for Workers' Compensation Discrimination or Retaliation is brought by the Claimant against the above named Employer for discriminatory or retaliatory action against the Claimant in violation of 85A O.S., §7(A) because the Claimant, in good faith *(check as applicable)*:
   a. ___ Filed a workers' compensation claim under the Workers' Compensation Act in Title 85A of the Oklahoma Statutes.
   b. ___ Retained a lawyer to represent the Claimant in a workers' compensation claim under the Workers' Compensation Act in Title 85A of the Oklahoma Statutes.
   c. ___ Instituted or caused to be instituted a proceeding under the Workers' Compensation Act in Title 85A of the Oklahoma Statutes.
   d. ___ Testified or is about to testify in any proceeding under the Workers' Compensation Act in Title 85A of the Oklahoma Statutes.
2. The Claimant alleges the following described facts in support of this Claim for Discrimination or Retaliation in violation of 85A O.S., §7(A). *(Attach additional pages if needed.)*: _____
   _____
   _____
   _____
   _____
3. The Claimant seeks as damages, back pay in the amount of $_____ (not to exceed $100,000.00), and, if the prevailing party, attorney fees and costs, as authorized in 85A O.S., §7(C).

Administrative Workers' Compensation Act, 85A O.S., §6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment … shall be guilty of a felony."

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

I declare under PENALTY OF PERJURY that I have examined all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete.

Signed this _____ day of _____, _____.

Signature of Claimant	Print or Type Name of Attorney for Claimant, if any OBA #
Claimant's Address (Number and Street)	Signature of Attorney for Claimant
City State Zip	Claimant's Attorney's Address (Number and Street)
Claimant's Telephone Number	City State Zip
	Claimant's Attorney's Telephone Number

I HEREBY CERTIFY THAT A COPY HAS BEEN SENT TO:

Employer /Attorney for Employer
Address (Number & Street)
City State Zip Code

Created 12-18-14