Ohio | Bureau of Workers' Compensation

BWC could not process the attached document for the following reason(s):

To research our records, please provide the following information as indicated by the block(s) checked:

- ☐ Missing or invalid claim number;
- ☐ The injured worker's full name;
- ☐ The injured worker's social security number;
- ☐ Date of injury;
- ☐ Employer at the time of the injury;
- ☐ Other _____.

Please provide the information checked above for the attached document and return both to the BWC customer service office listed below. If you need further assistance, contact this office at the number provided below.

Customer service representative name		Telephone number ( )
BWC		Fax number ( )
Address		
City	State	Nine-digit ZIP code

I certify the information I have provided is truthful and correct.	
Applicant signature	Date

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