

**OKLAHOMA DEPARTMENT OF CORRECTIONS
VALIDITY OF CLAIM IN QUESTION**

TO: Gallagher Bassett Services Inc.

FROM: _____, Oklahoma Department of Corrections (ODOC)
Facility/Unit

RE: Workers' Compensation Claim for _____
Name of Employee

The Oklahoma Department of Corrections (ODOC) is questioning the validity of the claim for the above referenced employee for the following reason(s): (please check all statements that apply)

- _____ 1. The incident was not reported within 30 days or no medical attention was received in the 30 days following the date of injury.
- _____ 2. The agency's investigative report (attached) indicates there is reason to question the validity of the claim.
- _____ 3. There were no credible witnesses to verify the incident.
- _____ 4. The employee has a history of prior questionable claims.
- _____ 5. Other:

Signature (Person Questioning Claim)

Date