



## **Terms and Conditions for Forms, Checklists, and Procedures**

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## **Responding To A Government Agency Inquiry**

Government agency involved:

Type of inquiry/complaint (unemployment claim, health inspection, OSHA, etc):

Agency reference or file number:

Contact person:

Contact phone number:

Contact email address:

Contact address:

Contact street address (if different) for overnight packages:

Date received:

Received by:

Person responsible for handling:

File opened: YES / NO      Date:

Response date calendared: YES / NO

Forwarded to attorney: YES / NO

Forwarded to insurance company: YES / NO

**Potential Witness Information:**

Name:

Address:

Phone number:

Email address:

Name:

Address:

Phone number:

Email address:

Name:

Address:

Phone number:

Email address:

Name:

Address:

Phone number:

Email address:

Name:

Address:

Phone number:

Email address:

Name:

Address:

Phone number:

Email address:

**List of Documents Needed to Respond: (Check off when located)**

- \_\_\_ 1.
- \_\_\_ 2.
- \_\_\_ 3.
- \_\_\_ 4.
- \_\_\_ 5.
- \_\_\_ 6.

**Does Response Comply with Criteria?:**

Executed:

Notarized:

Original documents:

Proper number of copies:

Appropriately transmitted:

Regular mail

Certified mail – return receipt requested (preferred method)

Overnight delivery – with delivery confirmation

Fax

Electronically

Mark calendar to verify that the receipt has been returned: YES / NO

Return receipt verifying delivery attached to copy of response in file: YES / NO