



Town of North Attleborough
Human Resources Department
North Attleborough Public Schools & Town Government

REFUSAL OF FILING WORKER'S COMPENSATION

Name of Injured Employee: _____

Job Title: _____

Date of injury/illness: _____ **Time of injury/illness:** _____ AM / PM

Date reported: _____ **Time reported:** _____

DECLINATION TO COMPLETE DWC 1 CLAIM FORM If employee declines to accept forms, they must read, understand, and sign below.

I have been offered the Workers' Compensation Claim Form (DWC-1) and have chosen not to accept and/or complete it. I do not want to file a claim for Workers' Compensation for the injury/illness described in this report. I understand my rights regarding Workers' Compensation and do not wish to exercise them in this matter. I do not need medical attention for this injury/illness. I have had a full and fair opportunity to discuss this matter with an attorney/representative of my choosing and sign below voluntarily and without coercion or duress.

Employee's Full Name (print)

Employee's Signature

Date