[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Re: Notice of Investigation regarding Workers' Compensation Claim #[Claim Number]

Dear [Employee Name],

This letter is to formally notify you that [Company Name] and our insurance carrier, [Insurance Company Name], are currently conducting a formal investigation into the workers' compensation claim filed by you on [Date of Alleged Injury].

Please be advised that all claims are subject to a standard verification process. However, during the initial review of your file, certain inconsistencies were identified regarding the circumstances of the reported incident. As a result, we are performing a comprehensive investigation to ensure the validity and accuracy of the claim as required by state law.

During this period, the following may occur:

- Detailed interviews with witnesses and supervisors.
- Review of surveillance footage or site logs.
- Requests for additional medical documentation or independent medical examinations.
- Review of public records and activities.

We remind you that providing false or misleading information in connection with a workers' compensation claim is a serious matter and may lead to the denial of benefits, termination of employment, and potential legal action under state fraud statutes.

We request your full cooperation throughout this process. You may be contacted by an investigator or an insurance representative shortly. If you have any information that may clarify the details of your claim, please submit it in writing to the Human Resources department immediately.

Sincerely,

[Your Name/Signature]
[Your Title]
[Company Name]