CITY OF LITTLE ROCK
Human Resources – Benefits & Risk
Little Rock City Hall
500 W. Markham St., 130W
Little Rock, AR 72202

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NON UNIFORMED: STEP-BY-STEP: HOW TO FILE A WORKER'S COMPENSATION CLAIM

1. **Report Injury Immediately**
   The employee must notify their supervisor as soon as the injury occurs. In emergency situations, this should be done as soon as it is safe and practical to do so.
2. **Initiate the Claim**
   Call **Paradigm Nurse Triage** at **1-833-360-8808** to begin the workers' compensation process.
3. **Nurse Triage Overview**
   - ❖ A nurse will assess the injury and recommend treatment.
   - ❖ If **self-care** is appropriate, Paradigm will follow up within 24–48 hours to determine if further care is needed.
   - ❖ If medical care is necessary, the employee will be referred to a **designated clinic**.
   - ❖ If the condition worsens before follow-up, the employee must contact their **department's TPA** or the **Safety/Loss Control Specialist** for next steps.

REQUIRED DOCUMENTATION (DUE WITHIN 24 HOURS)

- All required documentation must be submitted within **24 hours** of filing the claim.
- If documentation cannot be completed due to an emergency, notify the department's TPA and the Safety & Risk Administrator.
- **Do not submit forms with missing signatures or incomplete sections.**
- **All completed forms and any workers' compensation correspondence must be submitted to: cheri_beard@ajg.com and riskmanagement@littlerock.gov**

REQUIRED FORMS & RESPONSIBILITIES

Form	Responsible Party	Notes
Baptist Health Authorization Drug Testing Authorization	Supervisor	Drug testing is mandatory for all workers' compensation claims that exceed general first aid. Submit the chain of custody forms to: riskmanagement@littlerock.gov.
Form AR-N	Injured Employee	Must be printed double-sided. Employee must handwrite the form. Employee must sign and date the front, and initial and date both sides. Supervisor must provide a copy to the employee. ***Forms not meeting these requirements will be rejected.***
Employee Acknowledgment Form	Injured Employee	Employee must sign and date. Supervisor must provide a copy to the employee.
Supervisor Incident/Accident Report	Supervisor	Complete the report with all required details about the incident and ensure accuracy before submission.
COLR Work Status Form	Supervisor	Must be completed after each medical evaluation and scanned to the designated email address within 24 hours. An updated Work Status Form is required after every appointment, even if restrictions remain the same.

WC CONTACTS

LRPD - TPA
workerscompnotification@littlerock.gov

Safety & Risk Administrator
V. Rachel Aaron – 501.371.4756
riskmanagement@littlerock.gov

LRFD & NON-UNIFORMED - TPA
Cheri Beard – 501.614.1141
cheri_beard@ajg.com