

FRAUD REPORT

Reemployment Assistance Benefits

To report fraud, please complete this form and hit the 'send' button.

If you wish to mail it, please use the print function and mail to the address above, ATTN: Benefit Payment Control

CONTACT INFORMATION

Your Name: _____ Phone _____

Email Address: _____

RA BENEFIT FRAUD INFORMATION

Please supply *as much* information as you can about the reemployment assistance recipient suspected of committing fraud.

Full name of the person suspected of committing fraud:

Social Security Number (if known): _____

Suspect's address: _____

Apt No _____

City: _____

State: _____

Zip: _____

Suspect's phone number: _____

Name of business or employer the person is/was working for: _____

Employer's address: _____

City: _____

State: _____

Zip: _____

Phone number: _____

When did the person begin working for the employer listed above: Month: _____

Day: _____

Year: _____

What days and hours does (or did) this person work: _____

What type of work does/did the person do: _____

FRAUD INFORMATION

Please provide any evidence or knowledge of possible fraud by the individual/employer you are reporting about is (or was) involved in. **Be as specific and thorough as possible:**

If the person is or was in jail, on vacation, or unable to work due to illness or injury, please provide as much information as possible:

If the person has started their own business, please provide as much of the following information as possible:

- Type of business
- Name, address, and phone number of the business
- Advertising information (business cards, flyers, newspaper ads, etc.)
- Any other information we may use to prove the business exists.