

## FRAUD REPORT

### South Dakota Unemployment 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: \_\_\_\_\_

#### UI BENEFIT FRAUD INFORMATION

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Please supply **as much** information as you can about the unemployment insurance 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

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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.