

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

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

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.