

# REPORT WORKERS' COMPENSATION FRAUD

Workers' compensation fraud affects every member of society. Ultimately, all of us pay the price for this crime. Your assistance in reporting fraud or the suspicion of fraud is of great value to those who investigate this crime. This form is designed to assist you. The more information you can provide, the more it will enhance the investigator's ability to expeditiously process the information.

## INFORMATION ABOUT THE PARTY SUSPECTED OF FRAUD:

Name of Party Suspected of Fraud

Phone Number  Address

City, State, Zip:

If Individual: SSN  DOB or Age  Employer's Phone #

Employer's Name:

Address

City  State  Zip Code

Why Do You Suspect Fraud is Being Committed?

## Information About You

Name  Phone

Address

City  State  Zip Code

Country

Relationship to Employer or Employee Suspected of Fraud:

May we use your name?  Are you willing to assist at a later date?  Have you called before?

Are you willing to testify in court if needed?

If you have questions regarding this form, or any other fraud related questions, please don't hesitate to call the Enforcement Bureau Secretary, Ellen Voss at (505) 841-6814.