



## Fraud Reporting Form

Please provide as much of the following information as you can about the person you suspect is committing Unemployment Insurance fraud. If you have additional information or concerns, call Benefit Payment Control at (312) 793-3200.

What leads you to believe the person is committing fraud?

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Also known as: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Gender: Female Male  
Street address or P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number (Include area code: ( ) - \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date of Birth: / / Approximate Age: \_\_\_\_\_  
Does the person use an additional address or P.O. Box to receive mail other than the address listed above? Yes No  
If yes, provide the different address: \_\_\_\_\_  
When did the person begin collecting benefits? \_\_\_\_\_ Is the person still collecting benefits? Yes No  
If not, when did the person stop collecting benefits? \_\_\_\_\_  
Please provide employer information below, if the person is working and collecting benefits:  
Employer Name: \_\_\_\_\_ Address or P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: ( ) - \_\_\_\_\_ Type of work: \_\_\_\_\_  
How is the worker paid? Cash Personal Check Payroll Check Combination Other  
If other, or a combination, please explain: \_\_\_\_\_  
Is there any additional information you would like to provide? \_\_\_\_\_

Can we contact you? We will not identify you, if you want to remain anonymous.

Your Name: \_\_\_\_\_ MI.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street address or P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: ( ) - \_\_\_\_\_ Email Address: \_\_\_\_\_