

SUSPECTED FRAUD REPORT

IMPORTANT INFORMATION

All information you provide to the department on this report is kept confidential. It is important that we receive as much information from you as possible to assist the department in successfully completing the investigation.

REPORTED BY: Employer* Anonymous Other _____

Please identify caller type

The information provided will be made available only to the Program Integrity Auditor, should there be additional questions.

PLEASE COMPLETE ALL KNOWN INFORMATION:

Claimant's Name: Last First MI SSN: _____

Address: _____ Phone #: _____
(Physical address, if available)

City State ZIP Code

Information on employer(s) the claimant is suspected of working for:

Name: Last First MI Acct. No. _____

Address: _____ Phone #: _____
(Physical address, if available)

City State ZIP Code

Name: Last First MI Acct. No. _____

Address: _____ Phone #: _____
(Physical address, if available)

City State ZIP Code

Dates of employment (if known): _____

Please provide any additional information which you feel might assist the department in verifying the suspected fraud:

Please return the completed form by using one of the following methods: Mail to Vermont Department of Labor, Attn: Program Integrity Unit, P.O. Box 488, Montpelier, VT 05601-0488 or FAX to 802-828-4198.

Date	Action Taken	PI Staff Initials

FOR DEPARTMENT UNIT USE ONLY

Assigned to: 01 05 06 07 08 09 Other: _____

Currently Filing? Yes No Chargeable Employer? Yes No

Tracking #: _____ Type: _____ Source: _____ Segment #: _____