



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: _____