

REQUEST FOR INVESTIGATION OF UNEMPLOYMENT INSURANCE FRAUD

Mail to: Benefit Payment Control, Room 206, 1100 North Eutaw Street, Baltimore, MD 21201 or Fax to 410-767-2610

_____		_____
Person receiving Unemployment Benefits		Social Security Number (if known)
_____		_____
Street Address	City, State, Zip	Phone

This person is: (check all that apply and complete)

Employed and Filing for Unemployment Benefits Phone _____

Name of Business _____

Address _____

First day of work (approximate) _____

Self-Employed

Name of Company _____ Phone _____

Address _____

Website address _____ When did he/she start working? _____

Incarcerated / Jail

Name of Institution _____ Date of Incarceration _____

Not Able and Available for Work

Reason (i.e. illness, etc.) _____

Date of restriction _____

Out of state or country

Where (location/address) _____

Reason: Working Vacation / Personal Business Dates _____

In School

Where _____ Dates of Attendance _____

Other

Please provide any additional information available: _____

Your Name: _____ Phone _____

What is your relationship with the person receiving unemployment insurance? _____

I wish to remain anonymous Yes No

(Note: You may remain anonymous, but it is important that the investigator is able to contact you for additional information.)