# 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

<table>
<thead>
<tr>
<th>Person receiving Unemployment Benefits</th>
<th>Social Security Number (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Employed and Filing for Unemployment Benefits**
  - Name of Business
  - Address
  - First day of work (approximate)
  - Phone

- **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:

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Phone</th>
</tr>
</thead>
</table>

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.)