|  |
| --- |
| **Georgia State Board of Workers’ CompensationEnforcement Division** |
| This form is to be used to report workers’ compensation fraud and non-compliance of employers who fail to carry required workers’ compensation insurance.DIRECTIONS: If you know or suspect someone has committed a fraudulent act or is in non-compliance under the Georgia Workers’ Compensation Act for failure to have insurance coverage then please complete this form and email, mail, or fax to the:State Board of Workers’ CompensationEnforcement Division270 Peachtree Street, N.W.Atlanta, Georgia 30303-1299Fax: (404) 651-7390Email: ReportFraud@sbwc.ga.govIf you need additional information, please call (404) 657-7285. |
| **Reporting Individual Information *(Victim or Witness)*** |
| [ ] I wish to remain Anonymous [ ] Citizen [ ] SIU [ ] Adjuster[ ] Law Enforcement [ ] Government Agency [ ] Attorney |
| Last Name: |       |
| First Name: |       |
| Middle Name: |       |
|  |  |
|  |  |  |
| Business Name: |       |
| Office Telephone: |       |
| Fax Telephone: |       |
| E-Mail Address: |       |
|  |  |
|  |  |  |
| Mailing Address: |       |
| City: |       |
| State: |       |
| ZIP Code: |       |
|  |  |

|  |  |
| --- | --- |
| state seal.gif | **Report Workers’ Compensation Fraud** |
|  If information is unknown, leave that block blank and skip to the next block.Required fields are noted by the white arrow in the red circle next to the field.https://secure.fldfs.com/fraud/req3.gif |

|  |
| --- |
| **Suspect – Person or Business Believed to Have Committed Fraud or Non-compliance** |
| Business Name: |       |
| Last Name or Unknown: | https://secure.fldfs.com/fraud/req3.gifhttps://secure.fldfs.com/fraud/req3.gif      |
| First Name or Unknown: |       |
| Middle Name: |       |
| SSN: |       |
| DOB: |       |
| Race: |       |
| Sex: |       |
| Car License Plate Number: |       |
| Car VIN: |       |
| Driver’s License Number: |       |
| Fictitious Names, Alias,Married or Maiden: |       |
|  |  |
|  |  |  |
| Telephone: |       |
| Fax Telephone: |       |
| E-Mail Address: |       |
|  |  |
|  |  |  |
| Mailing Address: |       |
| City: |       |
| State: |       |
| ZIP Code: |       |
|  |  |
| **Policy Information** |
| Policy Number: |       |
| Name of Insurance Carrier: |       |
|  |  |
|  |  |  |
| Office Telephone: |       |
| Fax Telephone: |       |
| E-Mail Address: |       |
|  |  |
|  |  |  |
| Mailing Address: |       |
| City: |       |
| State: |       |
| ZIP Code: |       |
|  |  |

|  |
| --- |
| **https://secure.fldfs.com/fraud/default%5b3%5d.gifInsured Information** Only complete if different from Suspect - Person Believed to have committed fraud. |
| Business Name: |       |
| Business FEIN/License Number: |       |
| Last Name: |       |
| First Name: |       |
| Middle Name: |       |
| SSN: |       |
| DOB: |       |
|  |  |
|  |  |  |
| Office Telephone: |       |
| Fax Telephone: |       |
| E-Mail Address: |       |
|  |  |
|  |  |  |
| Mailing Address: |       |
| City: |       |
| State: |       |
| ZIP Code: |       |
|  |  |
| **Workers’ Compensation Claim Information** |
| SBWC Claim Number: |       |
| Date of Injury: |       |
|  |  |
|  |  |  |
| Is claim still active? | [ ] Yes [ ] No |
| Has claim been denied? | [ ] Yes [ ] No |
| **https://secure.fldfs.com/fraud/default%5b3%5d.gifClaimant Information** Only complete if different from insured. |
| Business Name: |       |
| Business FEIN/License Number: |       |
| Last Name or Unknown: | https://secure.fldfs.com/fraud/req3.gifhttps://secure.fldfs.com/fraud/req3.gif      |
| First Name or Unknown: |       |
| Middle Name: |       |
| SSN: |       |
| DOB: |       |
|  |  |
|  |  |  |
| Office Telephone: |       |
| Other Telephone |       |
| Fax Telephone: |       |
| E-Mail Address: |       |
|  |  |
|  |  |  |
| Mailing Address: |       |
| City: |       |
| State: |       |
| ZIP Code: |       |
|  |  |
| **https://secure.fldfs.com/fraud/default%5b3%5d.gifDescribe the Nature of Suspected Fraudulent Activity** Select all that apply. |
| [ ]  Staged Accident/Injury | [ ]  False Swearing/Lied Under Oath |
| [ ]  Faked/Exaggerated Injury | [ ]  Previous Fraudulent Claims |
| [ ]  No Workers’ Compensation Coverage | [ ]  Premium Fraud |
| [ ]  Application Fraud | [ ]  False Certificate of Insurance |
| [ ]  Working & Receiving Benefits | [ ]  Insurance Agent/Agency Fraud |
| [ ]  Other (Explain) | [ ]  Identity Theft |
|        |
|  |
| **https://secure.fldfs.com/fraud/default%5b3%5d.gifWhat information has been developed to confirm your suspicion** Select all that apply. |
| Witnesses | https://secure.fldfs.com/fraud/req3.gifhttps://secure.fldfs.com/fraud/req3.gifhttps://secure.fldfs.com/fraud/req3.gifhttps://secure.fldfs.com/fraud/req3.gif[ ] Yes [ ] No | Photographs | [ ] Yes [ ] Nohttps://secure.fldfs.com/fraud/req3.gif |
| Videos | [ ] Yes [ ] No | Multiple Claims for Same Loss | [ ] Yes [ ] Nohttps://secure.fldfs.com/fraud/req3.gif |
| Investigative Reports | [ ] Yes [ ] No | Medical Reports | [ ] Yes [ ] Nohttps://secure.fldfs.com/fraud/req3.gif |
| Audio Tapes | [ ] Yes [ ] No | Correspondence | [ ] Yes [ ] Nohttps://secure.fldfs.com/fraud/req3.gif |
| Conflicting Statements | [ ] Yes [ ] Nohttps://secure.fldfs.com/fraud/req3.gif | Depositions Sworn Testimony | [ ] Yes [ ] Nohttps://secure.fldfs.com/fraud/req3.gif |
| Falsified Documents | [ ] Yes [ ] Nohttps://secure.fldfs.com/fraud/req3.gif |  |
| Other (Explain) | [ ] Yes [ ] Nohttps://secure.fldfs.com/fraud/req3.gif |  |
|  |
|  |
|  |
| https://secure.fldfs.com/fraud/default%5b3%5d.gifHas this incident been reported to any other agency/organization? If yes, select all that apply | https://secure.fldfs.com/fraud/req3.gif[ ] Yes [ ] No |
| [ ] Insurance Company | [ ] NICB | [ ] Other State Fraud Unit |
| [ ]  Other Law Enforcement Agency (Please Identify) |
|  |       |
|  |

|  |
| --- |
| https://secure.fldfs.com/fraud/req3.gifPlease provide a brief summary of the facts of this matter:Who, What, Where, When, Why and How(In the alternative, please attach a cover letter and any supporting documents or mail to:State Board of Workers’ CompensationEnforcement Division270 Peachtree Street, N.W.Atlanta, Georgia 30303-1299 |
|       |
| Georgia county the fraud Occurred: |       |
| Date fraud Occurred: |       |
|  |  |