|  |  |  |  |
| --- | --- | --- | --- |
| **Georgia State Board of Workers’ Compensation Enforcement 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’ Compensation  Enforcement Division  270 Peachtree Street, N.W.  Atlanta, Georgia 30303-1299  Fax: (404) 651-7390  Email: [ReportFraud@sbwc.ga.gov](mailto:ReportFraud@sbwc.ga.gov)  If 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.gifYes 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.gifYes 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’ Compensation  Enforcement Division 270 Peachtree Street, N.W.  Atlanta, Georgia 30303-1299 | |
|  | |
| Georgia county the fraud Occurred: |  |
| Date fraud Occurred: |  |
|  |  |