



Fraud Reporting Form for Unemployment Insurance Benefits

Rev 04/11

UI Benefit Fraud is defined as:

Any willful misrepresentation or willful concealment of material facts by an individual to obtain or increase benefits or thereby the receipt of any benefits to which a claimant was not entitled.

If someone you know has committed fraud, as defined above, to obtain unemployment benefits, please provide all of the following information that you have available to you.

Information About the Claimant (Person Committing Fraud):

Claimant's Name _____

Social Security Number _____

Address: Street _____

City _____

State _____ Zip Code _____

Home Phone Number including Area Code _____

Cell Phone Number including Area Code _____

Drivers License Number _____ State _____

Description of Claimant:

“X” Sex of Claimant Male Female

Race _____

Approximate: Age _____ Height _____ Weight _____ lbs.

Eye Color _____ Eye Glasses: Yes No

Hair Color _____

Distinguishing features/marks/traits: _____

Claimant's Vehicle Description:

Make _____ Model _____

Year _____ Color _____

License Plate Number _____ State _____

“X” as many as apply to provide reasons claimant is not entitled to UI benefits:

Claimant is Not Actively Searching for Work

Already Employed / Not Reporting Earnings

Name of Employer _____

Name of Contact Person at this Business _____

Employer's Address: Street _____

City _____

State _____ Zip _____

Employer's Phone # _____

Claimant's Job Title (or type of work claimant performs for this employer)

Amount of Salary/Earnings \$ _____
Hours Worked/Days Worked _____
Does the claimant wear a company uniform for the job? _____
Does the claimant drive a company vehicle for the job? _____
Is the claimant being paid cash rather than a company payroll check? _____

___ Claimant is Not Able to Work / Not Available for Work

Why Not?:

___ Ill - Type of Medical Problem _____
When?/Since what period of time? _____
___ Hospitalized What Hospital? Where? _____
When? _____
___ Disabled - Type of Disability _____
When? _____
___ Incarcerated (Jail/Prison) Where? _____
When? _____
___ Vacationing or Pursuing Hobby (Hunting/Fishing trip, etc.) Where ?
_____ When? _____
___ No Transportation/Transportation Problems – When? _____
___ Full-time caretaker (for child/elder parent, etc. – For Whom? _____
_____ Address _____ City _____ State _____
When? _____
___ Other: Why? _____
When? _____

___ Other - By what other method is the claimant committing fraud and when
did this fraudulent activity occur? _____

Optional: In case of need for clarification or additional information, if we may contact
you concerning the information you provided, please complete the following:

Your Name _____
Your Address _____
City _____
State _____ Zip _____
Your Phone Number _____

Additional Information /Comments: _____

**Thank you for your assistance in enforcing the Louisiana Employment Security Law, and protecting
the integrity of the Louisiana Workforce Commission Unemployment Insurance Benefits Program.**

****Fax to (225) 219-4712, or mail to Louisiana Workforce Commission,
Attention: Benefit Payment Control Unit, P.O. Box 44063,
Baton Rouge, LA 70804**