

REPORTING SUSPECTED UNEMPLOYMENT INSURANCE

JOB REFUSAL – FAILURE TO REPORT AFTER ACCEPTING A JOB – FAILING A PRE-EMPLOYMENT DRUG SCREENING

The Georgia Department of Labor is committed to preserving the integrity of the Unemployment Trust Fund. Our department conducts many types of fraud and/or abuse investigations throughout the year on unemployment claims to ensure the accuracy of benefit payments made. Please provide as much information as possible. The more detailed information you can provide, the better it will help us with our investigation. Fields marked with an asterisk (*) are required.

SECTION A: YOUR INFORMATION (OPTIONAL)

Prefer to remain anonymous?

If you want to anonymously report suspicious or illegal activity, avoid leaving any personal information, such as your name and relationship to the individual you are reporting. However, it is helpful to the investigation, if you can be reached for addition questions, if needed.

Your Name: _____ Relationship to this individual: _____
(First, MI, Last)

Your E-mail: _____ Your Phone number: _____ - _____ - _____

SECTION B: SUSPECT'S INFORMATION

* Name: _____ SSN: (if known): _____ - _____ - _____
(First, MI, Last)

Street Address: _____ Phone: _____ - _____ - _____

City: _____ State: _____ Zip: _____

DOB: ____ / ____ / ____

* Fill in below the reason(s) you suspect the individual was involved in possible unemployment fraud and/or abuse. Be specific. Additional information may be furnished. Please attach separate sheets of paper if needed, and include the individual's full name on each sheet.

Multiple horizontal lines for providing reasons for suspicion.

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SECTION C: JOB REFUSAL

Reporting Suspected Unemployment Insurance

Job Refusal – Failure to Report after Accepting A Job – Failing A Pre-employment Drug Screening

If you suspect the individual is receiving UI benefits and has refused a job offer, please complete this section. If the section does not apply, proceed to Section D.

Name and address of employer/business where the individual refused work:

Name: _____ (Business/Employer Name)

Street Address: _____ Phone: _____ - _____ - _____

City: _____ State: _____ Zip: _____

What type of work was offered? _____

Date offer was made? _____ (MM/DD/YY) How was the offer made? _____

Date job was to begin? _____ (MM/DD/YY) Date job offer was refused? _____ (MM/DD/YY)

What was the reason given for refusing the work? _____

If you have additional information regarding the job refusal, please complete this section. Please give as much information as possible.

Multiple horizontal lines for providing additional information.

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SECTION D: FAILURE TO REPORT TO WORK AFTER ACCEPTING A JOB

If you suspect the individual is receiving UI benefits and has failed to report to work after accepting a job, please complete this section. If this section does not apply, proceed to Section E.

Name and address of employer/business where the individual failed to report to work after accepting a job:

Name: _____
(Business/Employer Name)

Street Address: _____ Phone: _____ - _____ - _____

City: _____ State: _____ Zip: _____

When was the individual supposed to start work? _____

Give reason, if known, why the individual did not report to work. _____

If you have additional information regarding the failure to report to work after accepting a job offer, please complete this section. Please give as much information as possible.

Section E: Failing a Pre-employment Drug Screening

If you suspect the individual is receiving UI benefits and has failed a pre-employment drug screening test, please complete this section. If this section does not apply, proceed to Section F.

Name and address of employer/business that required the pre-employment drug screening test:

Name: _____
(Business/Employer Name)

Street Address: _____ Phone: _____ - _____ - _____

City: _____ State: _____ Zip: _____

Date test was administered: _____ Date negative test results were received: _____
(MM/DD /YY) (MM/DD /YY)

If you have additional information regarding the failure of a pre-employment drug screening, please complete this section. Please give as much information as possible.

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SECTION F: HOW TO SUBMIT INFORMATION

Please fax or mail this form and any additional documents to:

Georgia Department of Labor
UI Policy and Procedures; Suite 700
148 Andrew Young International Blvd
Atlanta, GA 30303

(404) 232-3199

The Georgia Department of Labor considers the information you provide to be confidential and will protect the identity of the person reporting fraud and/or a job refusal, failure to report after accepting a job, and failure of a pre-employment drug screening. Thank you for assisting in the prevention of Unemployment Insurance fraud and/or job refusals, failure to report after accepting a job, and failure of a pre-employment drug screening.