

Reporting Suspected Unemployment Insurance Fraud and Abuse

Section C: Employment Information

If you suspect the individual is receiving UI benefits but he/she is not reporting working and earning money, to include being paid cash "under the table", please complete this section. If this section does not apply, proceed to Section D.

Name and address of employer/business where this person is working:

Name: _____
(Business/Employer Name)

Street Address: _____ Phone: _____ - _____ - _____

City: _____ State: _____ Zip: _____

What type of work is this person doing? _____

How is the individual paid? Cash Check Barter Other _____
(please check all that apply)

When did the person begin work? _____
(MM/DD/YY)

What days and hours does this person work? _____

Section D: Other Information

If you suspect the individual is receiving UI benefits but is not looking for work, falsifying their work search efforts, or unable or unavailable to seek or accept work due to being in jail, illness/injury, out of town, on vacation, or self employed, please complete this section. If this section does not apply, proceed to Section E.

Please read each report description below to make sure you are responding accurately.

If this individual was unable and unavailable to work due to being in jail, illness/injury, out of town, or on vacation etc., please provide as much information as possible (e.g., reason the person is unable and unavailable to work, beginning and ending dates the individual was unable and unavailable, etc).

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If this individual is not looking for work or has falsified their work search efforts, please provide as much information as possible (e.g., a description of their fraudulent activity and the period of time the activity took place etc).

If the individual started a business, please give the name, address, and phone number of the business, type of business, advertising information, days and hours the person works, and any other information that may be used to prove the business exists:

Other additional information or comments you would like to provide:

Section E: How to Submit Information

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

Georgia Department of Labor
UI Integrity Unit, Suite 727
148 Andrew Young International Blvd., N.E.
Atlanta, GA 30303-1732
Fax: 404.232.3445

The Georgia Department of Labor considers the information you provide to be confidential and will protect the identity of the individual reporting fraud and abuse. Thank you for assisting in the prevention of Unemployment Insurance fraud and abuse.