The Georgia Department of Labor (GDOL) is committed to preserving the integrity of the Unemployment Trust Fund. Our department conducts many types of fraud and 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 investigations. Fields marked with an asterisk (\*) are required.

# 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. Your Name: (First, MI, Last) Your E-mail: Phone number: | Phone number: | | | | | | | |

Section A: Your Information (Optional)

Your E-mail:	
Section B: Suspect's Information	
* Name:(First, MI, Last)	SSN: (if known):
Street Address:	Phone number: / /
City:	State: Zip:
DOB://	

### Section C: Identify Theft Information

Street Address:

Please complete this section if someone is using your social security number (SSN) or you are aware of someone using another individual's SSN to file a fraudulent UI claim and/or receiving UI benefits. You should also file a police report and notify the Federal Trade Commission either online at http://ftc.gov/idtheft or by phone at 1.877.438.4338. The following information should be provided to GDOL to assist in the investigation. If this section does not apply proceed to Section D. What is the SSN being used: - -Is your SSN being used to file a fraudulent UI claim and/or receive UI benefits? YES NO Are you aware of someone using another individual's SSN to file a fraudulent UI claim and/or receive UI benefits? YES NO Is this individual using your name to file a fraudulent UI claim and/or receiving UI benefits? YES NO If no, what name is being used? Have you filed a report with your local police department? YES NO If yes, in which state was the report filed?\_\_\_\_\_\_ Police Report Number: \_\_\_\_\_ Is an investigation being conducted: YES NO Please provide a statement below regarding the incident that led to the identity being stolen: Section D: Employment Information If you suspect someone is working and using a fraudulent social security number (SSN), please complete this section. If this section does not apply, proceed to Section E. Is your SSN being fraudulently used for employment purposes? YES NO Are you aware of someone using another individual's SSN for employment purposes? YES NO Name and address of employer/business where the individual is working: (Business/Employer Name)

\_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_

City:State:	Zip:	
Name of contact person at this business		
·	MI, Last)	
What type of work is this individual performing?		
How is the individual paid? ☐ Cash ☐ Check ☐ Barter ☐ Other		
When did the individual begin work?(MN	MDD/VV)	
What days and hours does the individual work?		
What name is the individual working under?		
Have you filed a report with your local police department? YES	NO	
If yes, in which state was the report filed?	Police Report Number:	
Is an investigation being conducted: YES NO		
Please provide a statement below regarding the incident that led to the identity being stolen:		
Section D: Other Information		
Other additional information or comments you would like to provide:		

## **Section E: How to submit Information**

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

Georgia Department of Labor UI Integrity Unit; Suite 727 148 Andrew Young International Blvd 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 person reporting fraud and/or identity theft. Thank you for assisting in the prevention of Unemployment Insurance fraud and/or identity theft.