

REPORTING SUSPECTED UNEMPLOYMENT INSURANCE FRAUD AND IDENTITY THEFT

SECTION C: IDENTIFY THEFT INFORMATION

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:

Name: _____
(Business/Employer Name)

Street Address: _____ Phone: _____ - _____ - _____

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City: _____ State: _____ Zip: _____

Name of contact person at this business _____
(First, 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? _____
(MM/DD/YY)

What days and hours does the individual work? _____

What name is the individual working under? _____
(First, MI, Last)

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.