

REQUEST FOR INVESTIGATION OF UNEMPLOYMENT INSURANCE FRAUD

Mail to: Benefit Payment Control, Room 206, 1100 North Eutaw Street, Baltimore, MD 21201 or Fax to 410-767-2610

Person receiving Unemployment Benefits

Social Security Number (if known)

Street Address

City, State, Zip

Phone

This person is: (check all that apply and complete)

☐ **Employed and Filing for Unemployment Benefits**

Phone _____

Name of Business _____

Address _____

First day of work (approximate) _____

☐ **Self-Employed**

Name of Company _____ Phone _____

Address _____

Website address _____ When did he/she start working? _____

☐ **Incarcerated / Jail**

Name of Institution _____ Date of Incarceration _____

☐ **Not Able and Available for Work**

Reason (i.e. illness, etc.) _____

Date of restriction _____

☐ **Out of state or country**

Where (location/address) _____

Reason: Working ☐ Vacation / Personal Business ☐ Dates _____

☐ **In School**

Where _____ Dates of Attendance _____

☐ **Other**

Please provide any additional information available: _____

Your Name: _____ Phone _____

What is your relationship with the person receiving unemployment insurance? _____

I wish to remain anonymous Yes ☐ No ☐

(Note: You may remain anonymous, but it is important that the investigator is able to contact you for additional information.)