

UNEMPLOYMENT FRAUD REPORT

K-FRD 307 (Rev. 6-18)

MAIL: Benefit Payment Control
401 SW Topeka Blvd.
Topeka, KS 66603-3182
FAX: (785) 296-5779
EMAIL*: KDOL.fraud@ks.gov

*See important Email Notice on website.

If you believe someone is fraudulently collecting unemployment benefits, please report it immediately for investigation. All allegations of fraud are investigated. Be sure to include as much of the following information as possible so we can adequately investigate your claim. You may attach additional sheets.

You can make an anonymous report, but providing your contact information allows us to obtain additional information if necessary. Thank you for your assistance.

Your Contact Information

Do you wish to remain anonymous? YES NO Name: _____
(REQUIRED)

Can an investigator contact you for more information if needed? YES NO Phone: () _____
(REQUIRED) Email: _____

Information About the Individual Suspected of Committing Fraud

Full name: **(REQUIRED)**

Other names used (nicknames, etc.):

Last four digits of Social Security number: YYYY-YYE-XXXX

Date of birth: _____

Street Address: _____

City: _____

State: _____ ZIP: _____

Phone: () _____

What leads you to believe this person is committing fraud? Include all evidence to support this and be as specific as possible: **(REQUIRED)**

Is this person currently employed?
 YES NO I DON'T KNOW

If YES, provide the employer's name, address and phone:

Is this person related to the employer?
 YES NO I DON'T KNOW

What is the name of the owner of the company?

What type of work does or did this person do?

Does this person work full time?
 YES NO I DON'T KNOW

Did this person start his/her own business?
 YES NO I DON'T KNOW

If YES, provide the business name, address and phone:

How did you become aware of this?

Who else can confirm this information (name and phone)?

Any other information that you feel will help with this investigation: