

CONSUMER FRAUD REPORT FORM

Your Information:

Last	First	Phone #	E-mail Address		
Street/Apartment #	City	State	ZIP Code		
Suspect Information:					
Last	First	Phone#	E-mail Address		
Street/Apartment # City		State	ZIP Code		
Insurance Company/A	gent Information (i	if applicable):			
Company/Agent Name		Phone#	Contact Person		
Street/Apartment #	City	State	ZIP Code		
Policy#		Claim#			
Nature of Suspected Fr	aud:				
High Pressure Sales	Techniques	Billed for Services	Billed for Services Not Provided		
Misrepresentation of	f Facts/Policy	Billed for Excessiv	Billed for Excessive or Extended Treatments		
Misuse or Missing Pr	remium	Inflated Financial	Inflated Financial Loss		
Staged Accident/Inj	ury	Charged Inconsistent with Services Provided			
History of Filing Sus	pect Claims	Other:	Other:		
Faked Property Dam	nage or Injury	-			

Describe the nature of the suspected fraud. Please include as much information as you can about the type of insurance involved, the dates the suspected fraud occurred and a description of the suspected fraud. If more space is needed you may attach a separate document:

een reported to egal action?	another la	believe this incident is related to other fraudulent activity, has wenforcement or government agency, or there is a pending
Yes	No <u>If y</u>	es, please describe:
	By Fax:	406.444.3413
Ways to submit this form:	By E-mail:	tbidon@mt.gov
	By mail:	Investigations Bureau Office of the Commissioner of Securities & Insurance Montana State Auditor 840 Helena Avenue

All information will be kept confidential