



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/Agent Information (if applicable):

Company/Agent Name	Phone#	Contact Person
Street/Apartment #	City	State ZIP Code
Policy#	Claim#	

Nature of Suspected Fraud:

<input type="checkbox"/> High Pressure Sales Techniques	<input type="checkbox"/> Billed for Services Not Provided
<input type="checkbox"/> Misrepresentation of Facts/Policy	<input type="checkbox"/> Billed for Excessive or Extended Treatments
<input type="checkbox"/> Misuse or Missing Premium	<input type="checkbox"/> Inflated Financial Loss
<input type="checkbox"/> Staged Accident/Injury	<input type="checkbox"/> Charged Inconsistent with Services Provided
<input type="checkbox"/> History of Filing Suspect Claims	<input type="checkbox"/> Other:
<input type="checkbox"/> Faked Property Damage 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:

