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 Montana State Auditor
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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:

Do you have any reason to believe this incident is related to other fraudulent activity, has been reported to another law enforcement or government agency, or there is a pending legal action?

Yes No If yes, please describe:

Ways to submit this form:	By Fax: (406) 444-3497
	By E-mail: tbidon@mt.gov
	By mail: Investigations Bureau Office of the Commissioner of Securities & Insurance Montana State Auditor 840 Helena Avenue Helena, MT 59601

All information will be kept confidential