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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:

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