Maryland
DEPARTMENT OF LABOR

REQUEST FOR INVESTIGATION OF UNEMPLOYMENT INSURANCE FRAUD

Mail to - Attention: Benefit Payment Control, 100 South Charles Street, Tower 1, Baltimore, MD 21201

Person receiving Unemployment Benefits _____ Social Security Number (if known) _____

Street Address _____ City, State, Zip _____ Phone _____

This person is: (check all that apply)

☐ **Employed and Filing for Unemployment Benefits**
Business name _____ Phone _____
Address _____
First day of work (approximate) _____

☐ **Self-Employed**
Company Name _____ Phone _____
Address _____
Website _____ When did he/she start working? _____

☐ **Incarcerated / Jail**
Name of Institution _____ Date of Incarceration _____

☐ **Not Able and Available for Work**
Reason (illness, etc.) _____
Date of restriction _____

☐ **Out of state or country**
Where (location/address) _____
Reason: Working ☐ Vacation/Personal Business ☐ Dates _____

☐ **In School**
Where _____ Dates of Attendance _____

☐ **Other**

_____

_____

Please provide any additional information: _____

_____

_____

_____

Your Name: _____ Phone _____

What is your relationship to the person receiving unemployment insurance? _____

I wish to remain anonymous Yes ☐ No ☐

(Note: You may remain anonymous, but it is important that the investigator can contact you for further information).