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**REQUEST FOR INVESTIGATION OF UNEMPLOYMENT INSURANCE FRAUD**

**Mail to:** Benefit Payment Control, Room 206, 1100 North Eutaw Street, Baltimore, MD 21201 or Fax to 410-767-2610

Person receiving Unemployment Benefits \_\_\_\_\_

Social Security Number (if known) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

*This person is: (check all that apply and complete)*

**Employed and Filing for Unemployment Benefits**

Phone \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

First day of work (approximate) \_\_\_\_\_

**Self-Employed**

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Website address \_\_\_\_\_ When did he/she start working? \_\_\_\_\_

**Incarcerated / Jail**

Name of Institution \_\_\_\_\_ Date of Incarceration \_\_\_\_\_

**Not Able and Available for Work**

Reason (i.e. 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 available:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Your Name: \_\_\_\_\_ Phone \_\_\_\_\_

What is your relationship with the person receiving unemployment insurance? \_\_\_\_\_

I wish to remain anonymous Yes  No

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