

State of Utah Department of Workforce Services

REQUEST FOR INVESTIGATION OF UNEMPLOYMENT INSURANCE FRAUD

Mail to: Benefit Payment Control, PO Box 778, Salt Lake City, UT 84110-0778

or call: (801) 526-4400, option 2.

Person you are reporting:		
Name:	SSN:	
Address:		
City:	_	Zip:
Phone Number:		
This person Should Be Investigated for the Fo	ollowing Reason(s):	ion as you can.
☐ The individual is Self-employed		
Business Name:		
Address:		
City:		
Phone:		
Business License?		
☐ This individual is working and may not be		
Employer Name:		
Address:		
City:		Zip:
Phone:		
Job Title:		
Date Started:		
Works: Part Time Full Time	How paid: 🔲 C	ash Check
Professional license:		
☐ This individual is in jail		
Jail Name:		
Incarceration Date:		ate:
☐ The individual is unable to work (hospital	ized or in rehabilitation	on)
Facility Name:		
Phone:		
Reason:		
Date Admitted:		

☐ The individual is injured or ill and unable to work
Injury Description:
Date:
☐ The individual is not looking for work
Reason:
☐ The individual is in school
School Name:
Date Started:
☐ The individual is out of area
Out of Area Reason: Working Vacation Leaving the State
Area Relocated To:
Date Left Area:
Additional Information Please provide additional information
Please provide additional information
Your Information
Your Name:
Phone Number:
Do you wish to remain anonymous? Yes No You may remain anonymous even if you provide your name and telephone number. This
information will be available to the investigator only and will not be part of the file. It is helpful to the investigation if you can be reached for questions.

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