



State of Utah
Department of Workforce Services
**REQUEST TO REPORT
POSSIBLE UI FRAUD VIOLATIONS**

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: _____ State: _____ Zip: _____
Phone Number: _____

This person Should Be Investigated for the Following Reason(s):

Check all of the items below that apply and then fill in as much information as you can.

The individual is Self-employed

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Business License? Yes No Date Started: _____

This individual is working and may not be reporting accurately

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Job Title: _____
Date Started: _____
Works: Part Time Full Time How paid: Cash Check
Professional license: _____

This individual is in jail

Jail Name: _____
Incarceration Date: _____ Release Date: _____

The individual is unable to work (hospitalized or in rehabilitation)

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: _____

The individual may be the victim of ID theft

This individual refused an offer of work

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Offer Date: _____ Start Date: _____ Type of work: Part Time Full Time

Rate of Pay Offered: _____ Job Position Offered: _____

Name of Person Who Offered Job: _____ Date of Refusal: _____

The individual is failing to properly apply for work or attend an interview

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Type of work: Part Time Full Time Job Title: _____

Rate of Pay: _____ Date of Interview: _____

Date Accepting Applications for the Position: _____

Reason did not Apply/Attend Interview: _____

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.

A proud partner of the  **americanjobcenter** network

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.