



Texas Department of Insurance

Fraud Unit, Mail Code 109-3A
333 Guadalupe • P.O. Box 149336 • Austin, Texas 78714-9336
512-463-6492 phone • 512-475-1843 fax • www.tdi.state.tx.us

REPORT SUSPECTED FRAUD

Instructions: Please use this form to submit a report of suspected fraud. Please print or type information.

You may submit this report anonymously

Last Name		First Name	
Address			
City		State	Zip
Daytime Phone Number (include area code)			
E-mail address			
Date of this Report			

Brief Synopsis of the situation and the proof of the fraud.

Description of fraud (attach additional pages and documentation if necessary):
Dollar amount of loss:
When did this fraud happen?

Provide as much information as possible on the following. You may enter additional subjects on the following page. Subject of Report of Fraud (who committed the fraud?)

Last Name		First Name	
Address			
City		State	Zip
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown
Phone (include area code)		Alias (AKA)	
Occupation			
Employer			
SS#		Date of Birth (mm/dd/yyyy)	
Description of Activities (attach any documents to report form):			

Additional Subjects

Last Name		First Name	
Address			
City		State	Zip
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown
		Alias (AKA)	
Phone (include area code)			
Occupation			
Employer			
SS#		Date of Birth (mm/dd/yyyy)	
Description of Activities (attach any documents to report form):			

Last Name		First Name	
Address			
City		State	Zip
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown
		Alias (AKA)	
Phone (include area code)			
Occupation			
Employer			
SS#		Date of Birth (mm/dd/yyyy)	
Description of Activities (attach any documents to report form):			

Last Name		First Name	
Address			
City		State	Zip
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown
		Alias (AKA)	
Phone (include area code)			
Occupation			
Employer			
SS#		Date of Birth (mm/dd/yyyy)	
Description of Activities (attach any documents to report form):			