



STATE OF NEW YORK  
DEPARTMENT OF FINANCIAL SERVICES  
INSURANCE FRAUDS BUREAU  
ONE STATE STREET  
NEW YORK, NEW YORK 10004

**SUSPECTED FRAUD REPORT**

**Please Print or Type All Information**

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

Your Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Telephone No. Home \_\_\_\_\_ Business \_\_\_\_\_

1) Give a brief statement of the suspect transaction and the amount of money involved (if known):

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

2) Identify the parties to the suspect transaction (name/address and relation to the transaction):

(Use additional forms for multiple suspects)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. : Home \_\_\_\_\_ Business \_\_\_\_\_

Occupation: \_\_\_\_\_

Where Employed: \_\_\_\_\_

Additional Information:

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

3) Name and address of insurance company/HMO (if applicable) :

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

4) Have you reported this transaction to any other law enforcement agency? If yes, please furnish the following information:

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Person Contacted: \_\_\_\_\_ Phone No. \_\_\_\_\_

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To Send by mail:

New York State Department of Financial Services  
Insurance Frauds Bureau  
One State Street  
New York, NY 10004

To Send by fax: (212) 709 - 3555

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