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 ______________________

www.dfs.ny.gov
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. _____________________________

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

www.dfs.ny.gov