

INFORMATION SHEET

The Alabama Department of Labor will investigate all reports of fraud provided that evidence is sufficient to proceed. **Your identity will be held in strict confidence.**

Name of person making complaint/referral: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

Name of person you are reporting: _____

Social Security Number: _____ Occupation: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ D.O.B.: _____ Sex: _____

Alleged Employer: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Employer Phone Number: _____

Work Site (if different from Above): _____

Work Schedule: _____

How long has referral been working for alleged employer? _____

Method of payment _____ on payroll _____ off books

Name of previous employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Reason for referral or why fraud is suspected: _____

**Mail to: Alabama Department of Labor
Benefit Payment Control Section, RM 3430
649 Monroe St.
Montgomery Ala 36131**