

**Wyoming Unemployment Insurance Division
Benefit Payment Control
Fraud Reporting Form**

Date _____

Unemployment Insurance (UI) benefit fraud is any willful misrepresentation, omission or concealment of material facts by an individual to obtain or increase benefits.

Please complete as much of the following information as possible about the person (claimant) you believe is receiving UI benefits: Call (307) 235-3236 if you have questions or concerns.

Claimant's Name: _____

Social Security Number (if known): _____

Address: Street _____
 City _____
 State _____ Zip _____

Home Phone Number: _____ Cell Phone Number: _____

Mark an "X" for each issue that applies.

Claimant is working and NOT reporting earnings
Name of Employer: _____
Contact person at this business: _____
Employer's Address: Street _____
 City _____ State _____ Zip _____
Employer's Phone Number: _____
Did you see the claimant working? _____ When? _____
Where? _____
Amount of Salary/Earnings: _____
Hours Worked/Days Worked per Week: _____
Date Claimant Started Working: _____ Is he/she still working? _____
Claimants Job Title (or type of work performed for this employer):

Claimant is self - employed
Name of business _____
What type of business or work is it? _____
Does the claimant advertise? _____

Claimant is NOT Actively Searching for work
Has the claimant told you he/she is not looking for work? _____
For what time period were they not seeking? _____

Claimant has refused work
For what business or individual? _____
Business or individual phone number or address _____
When? _____

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Claimant's Name: _____

Claimant is NOT able to work or NOT Available for work
If Illness or Medical Problem, what type? _____
Since when _____
If Hospitalized, Where? _____
When? _____
Disabled - type of disability _____
Since When _____
Incarcerated (Jail/Prison) Where? _____
Jail contact or phone number _____
Date incarcerated _____
Date released _____
Vacationing or Pursuing Hobby (Hunting/Fishing trip, etc)
Where? _____
When? _____

No Transportation / Transportation Problems - When?: _____

Full time caretaker (for child/parents, etc.) For Whom?: _____
When? _____

Other: _____

Additional information/comments: _____

OPTIONAL: You will remain anonymous. Please complete the following if we can contact you for clarification or additional information.

Your name _____

Your address _____

City _____

State _____

Your phone number _____

Submit by mailing to: Wyoming Department of Workforce Services
Unemployment Insurance Division - BPC
PO Box 2760
Casper WY 82602-2760

Or fax to: 307-235-3277 ATTN: BPC

Thank you for your assistance in enforcing Wyoming Unemployment Insurance Division's laws and protecting the integrity of the Wyoming Unemployment Insurance program.