



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
REPORT UNEMPLOYMENT INSURANCE (UI) FRAUD
Report those who are fraudulently receiving unemployment benefits

(*Indicates that marked field is required)

*Your name		
Your mailing address		
City	State	ZIP Code
*Telephone	E-mail Address	

*Claimant's name	
(at least one of three fields below must be filled out in order to report fraud)	
Claimant's Social Security Number	Claimant's date of birth
Claimant's mailing address	

*Is the claimant working while collecting unemployment benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*If "Yes," provide the employer's name	
*Employer's address	
*Employer's telephone	Date the claimant began working
*If "No," is the claimant collecting unemployment benefits while not able or available for work (hospitalized, in jail, etc.)? Please explain:	

*Summary of Complaint Please provide details describing why you think the claimant is committing fraud (dates are extremely important – please provide any that you know):
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Supporting Documentation

Please attach any supporting documentation available. Supporting documentation would include written agreements, contracts, check stubs, copies of paychecks, invoices, business cards, etc.

Due to its strict confidentiality laws, the Division of Employment Security cannot confirm or deny an investigation initiated by a UI Fraud submission or disclose information about an employer or claimant.