

**WORKERS' COMPENSATION FRAUD REPORTING FORM**

THIS FORM CAN BE DOWNLOADED, COMPLETED AND MAILED TO THE ADDRESS PROVIDED BELOW. WE ACCEPT TOTALLY ANONYMOUS COMPLAINTS OR YOU MAY ALSO FILL OUT THE CONTACT SECTION IF YOU SO WISH. THANK YOU FOR HELPING TO RID THE WORKERS' COMPENSATION FUND OF INTENTIONAL FRAUD.

**\* DENOTES OPTIONAL**

**DATE:** \_\_\_\_\_

**\*NAME:** \_\_\_\_\_

**\*ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**\*PHONE AND/OR E-MAIL:** \_\_\_\_\_

**IN THE SPACE BELOW, PLEASE DESCRIBE IN AS MUCH DETAIL YOU CAN THE FRAUD YOU BELIEVE IS OCCURING AND THE PERSON ALLEDGEDLY COMMITTING IT (NAME, DATES, LOCATION, EMPLOYER, ETC.)**

**AFTER COMPLETING THE FORM, PLEASE MAIL IT TO:**

**CONNECTICUT DIVISION OF CRIMINAL JUSTICE**

**OFFICE OF THE CHIEF STATE'S ATTORNEY**

**ATTN: WORKERS' COMPENSATION FRAUD CONTROL BUREAU**

**300 CORPORATE PLACE**

**ROCKY HILL, CT 06067**



