



Indiana State Police UI Fraud Report

Victim Information

Your Name:

Your Address:

Name of Employer:

Employer Address:

Email Address:

County of Residence:

Phone:

Date of Birth:

Last 4 Digits of SSN:

Know the Suspect? Yes No

****Please provide an email address if applicable. This will make it easier for us to contact you, if necessary, regarding your complaint.**

Please provide best method of contact within the "Reporting Information" box below.

Suspect Information *Do you have any suspect information (if yes, please explain to the best of your knowledge):*

Reporting Information *Please provide a brief description of your complaint:*