

Sacramento County District Attorney's Office

ANNE MARIE SCHUBERT District Attorney

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INSURANCE FRAUD COMPLAINT FORM

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InsuranceFraud.DA@sacda.org

	Workers' Compensation Fraud
Suspect:	
Name	Date of Birth (or Age)
Address	Social Security #
Employer	Employer's Address
Phone number(s)	
Insurance Provider	
Summary of Fraud: (briefly describe facts of the	e fraud –who/what/where/when/how)
Poporting Porgon	
Reporting Person:	
Reporting Person: Name	Phone number(s)
	Phone number(s) E-mail