

Ohio Department of Insurance

John R. Kasich – Governor
 Mary Taylor – Lt. Governor/Director



Fraud Complaint For Company

Referring Person _____	Insurance Company _____
Contact Person _____	Address _____
Telephone _____	City, State Zip _____
Policy # _____	Date of Loss _____
Claim # _____	Loss Location/ City, State _____
Claim Value _____	Was Claim Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law Enforcement Involved <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency _____
Contact Person _____	Telephone _____
List Evidence _____	

INVOLVED PERSON(S)

Name (First MI Last) _____	Telephone _____
Address _____	Date of Birth _____
City, State, Zip _____	Social Security _____
Claims History <input type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement <input type="checkbox"/> Insured	<input type="checkbox"/> 3 rd Party
<input type="checkbox"/> Witness	<input type="checkbox"/> Suspect
<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Medical Doctor
	<input type="checkbox"/> Provider
	<input type="checkbox"/> Body Shop
	<input type="checkbox"/> Law Enforcement
	<input type="checkbox"/> Claimant
	<input type="checkbox"/> Non-Suspect Attorney
	<input type="checkbox"/> Other
Synopsis _____	

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Is this information for: Referral or Index Purposes?