



## Fraud Complaint for Person

Fraud Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
614-644-2671 | Fraud Hotline 1-800-686-1527 | 614-387-0092 (Fax) | insurance.ohio.gov

### Suspect

Name (First MI Last) \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Social Security \_\_\_\_\_

Claims History  Yes  No

Date of Loss \_\_\_\_\_

Involvement	<input type="checkbox"/> Insured	<input type="checkbox"/> 3 <sup>rd</sup> Party	<input type="checkbox"/> Provider	<input type="checkbox"/> Claimant
	<input type="checkbox"/> Witness	<input type="checkbox"/> Suspect	<input type="checkbox"/> Body Shop	<input type="checkbox"/> Non-Suspect Attorney
	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Other

Synopsis \_\_\_\_\_

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### Your Information

Name (First MI Last) \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_