



OKLAHOMA ATTORNEY GENERAL'S OFFICE  
INSURANCE FRAUD COMPLAINT FORM

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Your Contact Information:

(Note- you can remain anonymous but if further information is needed, we will need a way to make contact)

First Name:		Last Name:			
Home Phone:		Work Phone:		Email:	

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Please provide the following information about the Individual against whom you are filing the complaint against: **(Attach additional pages if needed)**

Name of individual:	
Address:	
Phone Number:	
Email Address:	
Social Security #:	
Date of Birth:	
Any other Contact Info:	

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Please provide the following information about the insurance claim you are filing your complaint against:

Insurance company Name:	
Address:	
Phone Number:	
Claim # (if available):	
Policy # (if available)	
Date of incident/accident	

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Please describe your complaint in detail including the alleged criminal violation and any evidence available which supports the allegations. Also, include date, insurance policy numbers or claim numbers (if known), name(s) and addresses of witnesses and any other persons who could provide information about this complaint: **(Use the space provided on next page, attach extra pages if necessary)**

If you believe you have supporting documents, such as pictures, that might assist us in reviewing your complaint, you may submit **COPIES** (keep originals in your possession in a safe place, they will be needed later). You may mail or deliver hard **COPIES** to: Oklahoma Attorney General, Attention: Workers' Compensation, 313 NE 21<sup>st</sup> Street, Oklahoma City, Oklahoma 73105.

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**DECLARATION:** By submitting this form, I declare under penalty of perjury under the laws of the State of Oklahoma that the information in this Complaint is true and accurate to the best of my knowledge.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*The filing of this Complaint does not ensure an investigation will be initiated. Thank you for completing this form.*