



Anti-Fraud Unit Report Form

400 NE 50th Street
Oklahoma City, OK 73105
fraudstoppers@oid.ok.gov
1-800-522-0071



Please fill out the questions below to the best of your knowledge.
All report forms are confidential.

Date of Occurrence

Date of Discovery

Date of Report

Reporting Party

First Name:

Middle Name:

Last Name:

Street Address:

City:

State:

Zip:

Email:

Home Phone:

Cell Phone:

Employer:

Emp. Address:

Emp. City:

Emp. State:

Emp. Phone:

Occupation:

Title:

Best Time to Reach You:

Best Number:

Type of Loss:

\$ Value of Loss:

Insurance Claim

If Yes, Company:

Policy #:

Claim #:

Reported Elsewhere

If Yes, Where:

Case #:

Civil Suit:

Case #:

Suspect

First Name:

Middle Name:

Last Name:

Street Address:

City:

State:

Zip:

Email:

Home Phone:

Cell Phone:

Employer:

Emp. Address:

Emp. City:

Emp. State:

Emp. Phone:

Occupation:

Title:

DOB:

SSN:

DL State:

DL #:

Race:

Gender:

Height:

Weight:

Hair Color:

Eye Color:

Tattoos:

Scars:

Piercings:

Other:

Suspect Type

Criminal Record

If Yes, What:

Where:

When:

Suspect Vehicle

Color:

Year:

Make:

Model:

Tag State:

Tag #:

VIN:

Veh Type:

Other:

List any persons that may have additional information about this matter:

First Name:

Last Name:

Phone:

Source Type:

First Name:

Last Name:

Phone:

Source Type:

First Name:

Last Name:

Phone:

Source Type:

Continue and submit on next page

Detailed Description of Your Complaint:

A large, empty rectangular box intended for the user to provide a detailed description of their complaint.

Submit