



YOLO COUNTY DISTRICT ATTORNEY

**INSURANCE FRAUD UNIT
WORKERS' COMPENSATION
COMPLIANCE PROGRAM
301 SECOND STREET
WOODLAND, CA 956595**

Insurance Fraud Complaint Form

The following form was developed to standardize the reporting process of possible workers' compensation fraud and uninsured employer fraud. Please fill in each section of this form fully and honestly. **Note: If you do not have the full version of Adobe Acrobat (i.e., you only have Adobe Acrobat Reader), you will only be able to fill out the form, print it and send it in to the above address via U.S. mail. Otherwise, you can fill out the form and send it via the email link.**

Subject Information:

Business Name/Contractor:	
Address:	
Business/Contractor phone #:	
Type of business:	
Name of business owner/contractor/employer/employee:	
License # of business owner/contractor (if known):	
Approx. date of fraud/violation:	
Description of fraud/violation:	

Reporting Party Contact Information: [] Confidential

Date of Report:	
Name:	
Phone Number:	
Email Address:	
May You Be Contacted?	
Printed Name (Leave Blank If You Wish To Remain Confidential):	
Signature (Leave Blank If You Wish To Remain Confidential):	