



DATE : _____

KIM HOLLAND
INSURANCE COMMISSIONER
OKLAHOMA INSURANCE DEPARTMENT
Post Office Box 53408
Oklahoma City, Oklahoma 73152-3408
1.800.522.0071 or 405.521.6614 Fax 405.522.6779

ANTI-FRAUD UNIT COMPLAINT FORM

1. YOUR INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

SSN: _____

DOB: _____

3. HAVE YOU REPORTED THIS MATTER TO ANY OTHER?

*IF SO, NAME OF AGENCY, GOVERNMENT OR PRIVATE ENTITY:

ADDRESS: _____

CITY/STATE/ZIP: _____

NAME OF AGENCY, GOVERNMENT OR PRIVATE ENTITY:

ADDRESS: _____

CITY/STATE/ZIP: _____

2. THEIR INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

SSN: _____

DOB: _____

4. THEIR EMPLOYER INFORMATION

NAME OF EMPLOYER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

WORK PHONE: _____

5. IS THERE A CIVIL OR CRIMINAL CASE PENDING?

*IF YES, CASE NUMBER: _____

PLEASE DESCRIBE COMPLAINT IN DETAIL ON PAGE 2

