



Anti-Fraud Unit Report Form

3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112
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.
Save the PDF and attach to an email to fraudstoppers@oid.ok.gov.

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 with a thin black border, intended for the user to provide a detailed description of their complaint.

Save Form

Print Form