

**Send To:**

**Insurance Fraud Section  
Office of Attorney General**



**Commonwealth of Pennsylvania  
16<sup>th</sup> Floor, Strawberry Square  
Harrisburg, PA 17120  
ATTN: Referral Form  
(717) 787-0272**

**For State Use Only**

541- \_\_\_\_\_

Region Assigned: \_\_\_\_\_

Revised 10/07

**Referring Private Citizen Information**
 Check here if referring anonymously and continue to Section II

Your Name:

Mailing Address:

City:

State:

Zip:

Reachable Telephone No.:

( )

Email Address:

Fax No.:

( )

**Subject Information****(If additional subjects are involved please include in Summary)**

Name (Include any known Alias):

Date of Birth:

SSN:

Street Address (include P.O. Box and apartment #'s):

Address Type:

- Residential  
 Business  
 Other

Sex:

- Male  
 Female

City:

State:

Zip:

Telephone No.:

( )

**Claim Information**

**(If additional Companies are involved please include in Summary)**

Insurance Company:	Claim Number:	Policy Number:
Date of Loss:	Date Claim Filed:	Amount Paid: \$

**Fraud Allegation / Summary**

**(This section MUST be completed)**

Empty text area for providing details on fraud allegations or a summary of the claim.