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Insurance Fraud Industry Referral Form

Insurance Fraud Section
16th Floor, Strawberry Square
Harrisburg, PA 17120

717-787-0272

For State Use Only

IFR -	Region Assigned:
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Required fields are marked with an asterisk*

Referring Agency Information

Contact Person*			
Agency Name*			
Address *			
City *	State*	Zip Code *	County *
Phone Number * ()	Fax Number * ()	Email Address *	

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

Name (include any known aliases)*			
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	
Street Address			
City	State	Zip Code	County
Mobile Phone Number ()	Home Phone Number ()	Email Address	
Address Type: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Other			

Referral Status

Have you referred this to any other law enforcement agency <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, identify Agency and Contact Person:
Reason why you are sending this matter to our office: <input type="checkbox"/> Requesting an investigation <input type="checkbox"/> For informational purposes only

