

Insurance Fraud Private Citizen Referrals

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

717-787-0272

www.attorneygeneral.gov

For State Use Only					
IFR -		Region Assigned:			
Required fields are marked with an asterisk* Referring Private Citizen Information					
☐ Check here if referring anonymously and continue to Suspect Information					
Name					
Address					
City		State	Zip Code	County	
Phone Number	Fax Number	Email A	Email Address		
()	()				
Suspect Information (If additional suspects are involved please include in Summary)					
Name (include any known alias	es)*				
Date of Birth Sex ☐ Male ☐ Female			Social Security Number		
Street Address					
City		State	Zip Code	County	
Mobile Phone Number	umber Home Phone Number		Email Address		
()	()				
Address Type: Residential Business Other					
Claim Information (If additional companies are involved, please include in Summary)					
Insurance Company	Claim Number	voived, piedee	Policy Number		
Date of Loss	Date Claim Filed		Amount Paid		

Fraud Allegation Summary * In your own words, describe in as much detail as possible, what a person or business did to commit Insurance Fraud. This section MUST be completed – attach additional pages if necessary.				