## OKLAHOMA ATTORNEY GENERAL MIKE HUNTER



## OKLAHOMA UNEMPLOYMENT FRAUD FORM

Website: www.oag.ok.gov

| Your Contact Information |  |              |            |  |  |
|--------------------------|--|--------------|------------|--|--|
| Name                     |  | Phone Number |            |  |  |
| Street Address           |  |              |            |  |  |
| City, State, Zip         |  | Emj          | ployer Y N |  |  |

By completing this form you are filing a formal complaint against an individual. In order to investigate your complaint, you must provide sufficient information to properly investigate your complaint as well as a summary of evidence available to you at this time to support your claim including the Notice of Unemployment claim received. Please note that an investigation must be based on facts or circumstances that you personally were notified of. If you do not have any personal knowledge of a fact or circumstance, you must provide sufficient information to permit us to contact the individual who does have such evidence. This is for incidents that occur before December 31, 2020.

| Complaint Information    |                                     |                        |                      |  |  |
|--------------------------|-------------------------------------|------------------------|----------------------|--|--|
| Date of Claim            |                                     | Date Notified          |                      |  |  |
|                          | name of the Employer in which       |                        |                      |  |  |
| you were notified claim. | of the fraudulent unemployment      |                        |                      |  |  |
|                          | oyer, please provide the name of    |                        |                      |  |  |
|                          | filed for unemployment.             |                        |                      |  |  |
|                          | he incident and how the Attorney Ge | neral can aid you in r | esolving your issue. |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |
|                          |                                     |                        |                      |  |  |

(Please continue on other side)

| List any evidence                            | you can provide to support your   | complaint                      |                     |  |  |
|--|---|--------------------------------|---------------------|--|--|
| Name, Address and Phone Numbers of Witnesses | Brief summary of evidence to be provided by the witness   |                                |                     |  |  |
| 1.   |   |                                |                     |  |  |
| 2.   |   |                                |                     |  |  |
| 3.   |   |                                |                     |  |  |
| •  | List any documents available to your or to any witness  |                                | Copies are attached |  |  |
| 1.   |   | □ Yes                          | □ No                |  |  |
|  |   | □ Yes                          | □ No                |  |  |
| 3.   |   | □ Yes                          | □ No                |  |  |
| Please attach additional pages if needed     |   |                                |                     |  |  |
| Have you filed a complaint with any otl      | her agency or organization? (circle one)  | Yes                            | No                  |  |  |
|  |   |                                |                     |  |  |
| If yes, identify the organization:           |   |                                | <del></del>         |  |  |
| What action was taken?                       |   |                                |                     |  |  |
| what action was taken:                       |   |                                |                     |  |  |
|  |   |                                |                     |  |  |
| Your signature is required:                  |   | Date:                          |                     |  |  |
| the Attorney General is not a private at     | tee an investigation or inquiry. Furthern<br>torney. Oklahoma law prohibits us from<br>erefore, if you desire legal advice, we sug<br>nt. | giving legal advi              | ce or opinion       |  |  |
| RETURN TO:                                   | OFFICE OF ATTORNEY GE<br>ATTN: OKLAHOMA UNEM<br>15 W. 6th STREET SUITE 10<br>Email: unemploymentco  | NPLOYMENT FR.<br>100 TULSA, OK | 74119               |  |  |
| FOR OFFICE USE ONLY  OAG Unit:               | Referred to:  |                                |                     |  |  |
| Disposition of Complaint:                    | IVEIGITEM (O  |                                |                     |  |  |
| Investigation Inquiry                        | Referred to another agency  | No ac                          | tion taken          |  |  |