

**KS Workers Compensation  
Fraud Reporting Form  
CONFIDENTIAL**

You may choose to submit this form anonymously, however this may limit the scope of the investigation.

Your Name			
Address			
Phone		SSN:	

Name of Person or Entity Suspected of Committing Fraud			
Address			
Phone		SSN:	
DOB	DL		Other

Person the Act was Committed Against			
Address			
Phone		SSN:	
DOB	DL		Other

County in which the accident occurred		Date of Accident	
Today's Date			

Details			
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