

# FRAUD REPORT

K-FRD 310 (Rev. 04-26)

If you suspect someone has committed unemployment fraud, which includes filing claims using you or your employees' name and personal information, provide the requested information.

Complete **either** the employer (top) or individual (bottom) section to report suspected fraud.

**If you are an employer reporting suspected fraud, complete this portion.**

Company name: \_\_\_\_\_

FEIN: \_\_\_\_\_ Kansas Employer Account number: \_\_\_\_\_

Employee name (first, MI, last): \_\_\_\_\_ Last four digits of SSN: XXX-XX-\_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you believe this is a case of identity theft?  YES  NO

Please provide any additional information you may have:

Do you know who is committing the fraud?  YES  NO If YES, provide name: \_\_\_\_\_

**If you are an individual reporting suspected fraud, complete this section.**

Name (first, MI, last): \_\_\_\_\_ Last four of SSN: XXX-XX-\_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you believe this is a case of identity theft?  YES  NO

Please provide any additional information you may have:

Do you know who is committing the fraud?  YES  NO If YES, provide name: \_\_\_\_\_

**CERTIFICATION:** I confirm that the information I have provided is accurate and complete. I understand that intentionally providing false information or withholding important details is a violation of the Kansas Employment Security Law and may result in penalties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_