

Fraud Complaint Form

Use this form to file a complaint about suspected fraud with Paid Family and Medical Leave.

What is fraud and what will the department do with this complaint?

“Employee fraud” is defined in WAC 192-500-120 and includes willful nondisclosure or misrepresentation. The department will investigate¹ and determine if fraud has been committed based on a showing of clear, cogent and convincing evidence under WAC 192-800-005. A finding of fraud will disqualify the person from receiving benefits and they may also have to pay penalties (Title 50A RCW).

How do I send in my complaint?

You may mail or fax your complaint to the department. We will not accept complaint forms by email.

Employment Security Department
 Paid Family and Medical Leave Care Center
 P.O. Box 19020
 Olympia, WA 98507-0020
 Fax: (833)-535-2273

You may include additional documents with this complaint.

Questions?

Please contact our Customer Care Team at 833-717-2273 or paidleave@esd.wa.gov.

Section one: Your information <i>To be completed by the person filing the complaint (Complainant)</i>		
YOUR CONTACT INFORMATION		
Your name:		
Phone number:	Email:	
Mailing address:		
City:	State:	Zip:
Section two: Case information <i>Provide information about the person committing possible fraud (Respondent)</i>		
INFORMATION ABOUT THE PERSON YOU THINK IS COMMITTING FRAUD		
Employee name:		
Their Paid Leave Customer ID Number, Social Security Number, or ITIN (If known):		
Their email:	Their phone number:	
Name of their employer(s)		

¹ Investigations are conducted pursuant to RCW 50A.15.060, WAC 192-500-120, WAC 192-500-140, WAC 192-500-150

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Section three: Complaint details

Please provide as much detail as you can for the following questions. Attach additional pages if needed.

INFORMATION ABOUT THE FRAUD

<p>1. Please describe why you believe the person listed in section two is committing fraud.</p>
<p>2. How have you become aware of the fraud information and why do you believe it to be valid?</p>
<p>3. What is your relation, if any, to the individual you suspect is committing the fraud? (For example: current or former employee, coworker, relative, other)</p>
<p>4. Did the individual provide information to the department that they knew or should have known was false? If so, please explain.</p>
<p>5. Did the individual omit or not disclose relevant information to the department? If so, please explain.</p>
<p>6. Is there anyone else who can support your claim? If so, please provide their contact information.</p>

Attach any copies of correspondence, emails, policies, union contracts, procedures, or other documentation to support your complaint. We may seek additional information from the employer to complete the investigation.

Section four: Signature

Certify this complaint form and then mail or fax to the department. We will not accept complaints by email.

SIGNATURE

Signature:	Date:
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