

## Suspected Fraud Complaint Form

**Complete this form to file a complaint if you believe an individual receiving Paid Family and Medical Leave benefits may have committed fraud.**

### **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 investigate and determine if fraud has occurred based on a showing of clear, cogent and convincing evidence under WAC 192-800-005. A finding of fraud will disqualify the employee from receiving benefits and they may also have to pay penalties (Title 50A RCW).

*Additional information about fraud and investigations can be found in RCW 50A.15.090, WAC 192-500-120, WAC 192-500-140, WAC 192-500-150, WAC 192-800-005, WAC 192-800-010, and WAC 192-800-015.*

### **How do I submit a complaint?**

Send the completed complaint form and any supporting documentation to the department for investigation. Fax to 833-525-2273, or mail to:

Employment Security Department  
Paid Family and Medical Leave Care Center  
P.O. Box 19020  
Olympia, WA 98507-0020

### **Questions?**

Please contact us if you have questions. We are available Monday-Friday from 8:30 a.m. – 4:30 p.m. at 833-717-2273 or [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov).

## Suspected Fraud Complaint Form

Please complete as much of the form below as possible. You may add additional pages if necessary. Remember to include your supporting documentation when you submit the form. Employers or interested parties may be contacted during the investigation and may be notified with the disposition of the case.

<b>Section one: Your information</b>		
<i>To be completed by the person filing the complaint (Complainant)</i>		
<b>Your contact information</b>		
Name (first and last):		
Phone number:		
Email:		
Mailing address:		
City:	State:	Zip:
<b>Section two: Case information</b>		
<i>Provide information about the person committing possible fraud (Respondent)</i>		
Name (first and last):		
Claim ID number, Social Security Number or ITIN (if known):		
Phone number:		
Email:		
Mailing address:		
City:	State:	Zip:
<b>Section three: Complaint details</b>		
<i>Please give as much detail as you can when answering the following questions.</i>		
<b>Describe the nature of the fraud you are reporting.</b>		
<b>How did you become aware of the fraudulent information and why do you believe that it is true?</b>		

**What is your relationship, if any, to the individual you believe is committing fraud?**

**Did the individual give, omit, or fail to disclose information knowing that the department would rely on the statement or information when taking action on the claim? If so, please explain.**

Please attach copies of correspondence, emails, policies, union contracts, procedures or anything you have to support your complaint. If the necessary documentation has not been provided, we may seek additional information from the employer or other interested parties to complete the investigation.

**Section four: Signature**  
*Please read, sign and date the complaint.*

*I certify under penalty of perjury that all the information included on this form is true and accurate and I understand that information involving the investigation and determination is to be made available to all interested parties (RCW 50A.40.020).*

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------

Mail or fax to: Employment Security Department, Paid Family and Medical Leave Care Center, PO Box 19020 • Olympia, WA 98507-0020 • Fax: 833-525-2273

The Employment Security Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are available free of charge. Washington Relay Service: 711