

Suspected Insurance Fraud Report

► Instructions

Use this form to report suspected insurance fraud to the Texas Department of Insurance. You may send the form by:

Mail: TDI Fraud Unit, PO Box 12088, Austin, TX 78711-2088

Email: FraudReport@tdi.texas.gov

Fax: 512-490-1001

You can also report fraud online at <https://www.tdi.texas.gov/fraud/consumer-report.html>.

► Important information

- You can't be sued for libel or slander for reporting fraud or suspected fraud.
- Filing this report meets the state law requiring you to report suspected insurance fraud to TDI. **You do not have to give us your name or other information about you.**
- For more information, visit tdi.texas.gov/fraud or call us at **1-888-327-8818**.

► Information about you (You do not have to fill out this section)

Name _____

First name

Last name

Address _____

Street address

City

State

ZIP

Phone number _____ **Email** _____

Today's date _____

► **Information about the suspects** (Who you believe committed fraud)

Provide as much information as you can. This helps us identify the right suspect. For any item you don't know, leave the line empty.

Name _____

First name

Middle name

Last name

Address _____

Street address

City

State

ZIP

Phone number _____ **Email** _____

Occupation _____ **Employer** _____

Gender Male Female

Alias (AKA) _____

► **Information about other suspects**

Fill out this information if there are other suspects. Use multiple pages if you need to. For any item you don't know, leave the line empty.

Name _____

First name

Middle name

Last name

Address _____

Street address

City

State

ZIP

Phone number _____ **Email** _____

Occupation _____ **Employer** _____

Gender Male Female

Alias (AKA) _____

► Information about the suspected fraud

When did the fraud happen? _____

Provide a brief summary of what happened. Please list any witnesses you know about.

 **If you have any supporting documents or other evidence, please attach them to this report.**

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.