



OFFICE OF THE DISTRICT ATTORNEY
SPECIAL PROSECUTIONS
County of Ventura, State of California
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WORKERS' COMPENSATION INSURANCE FRAUD COMPLAINT FORM

This form is designed to be used by members of the general public and their representatives. If you are employed in the insurance industry, you must use Form FD-1 to make your report. Under California Insurance Code section 1879.5, no person shall be subject to civil liability for filing a good faith report of suspected insurance fraud.

PLEASE PRINT LEGIBLY

I. COMPLAINANT (Person filing complaint)

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH	OCCUPATION
STREET ADDRESS OR P.O. BOX		APT. NO.	DRIVERS LICENSE OR IDENTIFICATION NUMBER	
CITY		STATE	ZIP CODE	
FAX NO.		E-MAIL		
DAY TELEPHONE NUMBER		EVENING TELEPHONE NUMBER		

II. COMPLAINT IS AGAINST (Provide known information)

NAME OF BUSINESS OR INDIVIDUAL					
STREET ADDRESS OR P.O. BOX				TELEPHONE NUMBER	
CITY		STATE	ZIP CODE		
INDIVIDUAL NAME	DOB (AGE)	RACE	MALE/FEMALE	HEIGHT	WEIGHT
STREET ADDRESS OR P.O. BOX		APT. NO.	TELEPHONE NUMBER		
CITY		STATE	ZIP CODE		

III. COMPLAINT

Please describe the fraudulent activity you wish to report. Additional pages may be attached.

IV. MAILING INSTRUCTIONS

To help explain the details of your complaint, please supply any documents related to your complaint.

**MAIL OR DELIVER COMPLAINT AND
SUPPORTING DOCUMENTS TO:**

**Ventura County District Attorney's Office
Special Prosecutions | Workers' Compensation Fraud Unit
5720 Ralston Street, Suite 300
Ventura, CA 93003**

WARNING: Filing a false report is a crime pursuant to Penal Code 148.5(a)