

INDUSTRIAL COMMISSION OF ARIZONA

AZICA Fraud Unit Fraud Complaint Form

To report workers' compensation fraud, please email this form to reportfraud@azica.gov

Required fields are marked with an asterisk*

RELATIONSHIP TO THE ALLEGED PERSON OF INTEREST

ICA Claims #

Person Reporting

*First Name:

Middle Name:

*Last Name:

Home Address of person reporting, including email address and phone number

(Full Address including City, State & Zip code)

Email

Phone Number

Person Of Interest

*First Name:

Middle Name:

*Last Name:

Home Address of Person Of Interest, including email address and phone number

Email

Phone Number

Other parties involved in this complaint

First Name:

Last Name:

Description

First Name:

Last Name:

Description

Details and Supporting Documents

Email Confirmation

*Do you wish to receive email confirmation?

Yes No

Authorization

I declare, under penalty of perjury, that the information contained in this complaint, including all documents submitted with or in support of this complaint, are true, accurate, and based upon my personal knowledge. I understand that this complaint and/or certain information and documents related to this complaint may become a matter of public record, pursuant to state or federal law.

Authorization

Yes No