



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

SUSAN R. CORBIN
DIRECTOR

Employer Report of Identity Theft

Employer Name: _____ Claimant Name: _____

Address: _____ Letter ID: _____

City, State, Zip Code: _____ Last Four Digits of SSN

- The above named Employer believes the identified claim was fraudulently filed because the individual who filed the claim is an impostor.
- The Employer's belief is based on its review of the facts and evidence.
- The Employer is not making this report frivolously and the information contained in this report is complete and accurate to the best of the employer's knowledge.

The name and last known address for the affected individual according to the Employer's records is:

Claimant Name: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____

You can return this form through your MiWAM account, online at www.michigan.gov/uia under Report ID Theft, by mail to Unemployment Insurance Agency, P.O. Box 169, Grand Rapids, MI 49501-0169 or fax to 1-517-636-0427.

If the affected individual is still employed and an affidavit or statement of identity theft was provided by the individual to the above named Employer, attach the affidavit or statement with this report.

This report was completed by:

Signature: _____ Date: _____
 Print Name: _____ Direct Contact Number: _____
 Job Title: _____ Email Address: _____
 Address: _____
(if different than above)

For Internal Use Only:		
_____ UIA Personnel Print Name	_____ Signature	_____ Date
<input type="checkbox"/> Claimant affidavit or statement was received with this report.		

