

**OFFICE OF THE DISTRICT ATTORNEY**  
County of San Luis Obispo



Gerald T. Shea  
District Attorney

Daniel A. Hillford  
Assistant District Attorney

Timothy S. Covello  
Chief Deputy District Attorney

Jerret C. Gran  
Chief Deputy District Attorney

**Workers' Compensation Fraud  
Complaint Form**

<b>SUSPECT INFORMATION</b>		
Suspect Name:		
Driver's License:	Social Security Number:	Date of Birth/Age:
Address:		Home Phone:
City:	State:	Zip:
Suspect: Employer		Work Phone:
Address:		
City:	State:	Zip:
Suspect: Insurance Provider		
<b>REPORTING PERSON INFORMATION</b>		
Name:		Phone:
Address:		
City:	State:	Zip:
E-mail Address:		
<b>REPORT SUMMARY (Describe the Facts of the Fraud)</b>		

**Submit Form to: Office of the District Attorney**  
County Courthouse Annex  
1035 Palm Street, 4<sup>th</sup> Floor  
San Luis Obispo CA 93408  
(805) 781-5800