

# **San Mateo County District Attorney's Office**

Stephen M. Wagstaffe, District Attorney

## **Guidelines for Completing the Insurance Fraud Complaint Form**

Before filling out the attached complaint form, please take the time to read these guidelines. They will help you to understand our function, and we will be better able to understand and act on your complaint.

### **What We Can Do:**

The San Mateo County District Attorney's Office Insurance Fraud Unit investigates insurance fraud cases occurring in San Mateo County. The types of cases which will be considered for investigation by the Insurance Fraud Unit are frauds related to various types of insurance policies such as: automobile, dental, disability, healthcare, medical, and worker's compensation insurance policies. We do not investigate fraud against state government or federal government plans such as Medi-Cal or Medi-Care.

When we receive a citizen complaint, we review all the information and the supporting documentation that is included. If the complaint does not meet the criteria required for our Office to open a case, we will do our best to refer you to an agency that will appropriately handle the type of matter involved. Many insurance-related disputes are not appropriate for government action but are altogether proper for private legal action. It is generally a good idea to consult with private counsel to explore private legal remedies that might be available.

This office is not legally permitted to represent individuals in civil matters, take action in order to obtain money owed a consumer, help cancel any debt due on a contract that was signed, resolve or mediate individual consumer complaints, or obtain any other personal relief. Those functions may be performed by other governmental agencies established for that purpose.

***If you believe you have been a victim of insurance fraud, or you have information about insurance fraud being committed in San Mateo County, please complete this complaint form.***

## How You Can Help Us:

- A. Write or type a one- or two-page summary of your complaint and attach the summary to the complaint form. Additional pages may be attached for further remarks. Please include the following information:
1. Tell us **what** happened in chronological detail and be specific.
  2. Tell us **who** you think the person(s) or company that is responsible for the loss(es), conversion(s) or fraudulent act(s).
  3. Tell us **where** (address, city and state) the incident(s), conversion(s), or act(s) took place. Please include property address(es) involved in the fraudulent transaction(s).
  4. Tell us **when** the loss(es), conversion(s) or fraudulent act(s) occurred.
  5. Tell **how** you know the representations were false or how you know fraud was committed.
  6. Tell us **when** and **how** you first became aware that you may have been defrauded or that fraud was committed. If an individual(s) or a company is named in your complaint, please list exact dates of contact. If someone else made you aware of the potential crime, please include the person's name(s) address(s) and telephone number(s).
  7. Tell us what your actual financial loss is, if any or if known. Do not include lost interest, unrealized profits or missed opportunities.
- B. Documentary evidence is especially important. Therefore, please include photocopies of all documents and materials (*contracts, agreements, certificates, notes, deeds, correspondences, legible copies of involved checks, front and back, escrow and/or loan documents, etc.*) you wish us to review. **Please retain the originals for your records.**
- C. Type or print clearly in ink.
- D. Upon completion of all sections of the complaint form, please mail the form along with an attached narrative and copies of your supporting documentation to:

**San Mateo County District Attorney's Office  
Insurance Fraud Unit, Bureau of Investigations  
500 County Center – 3<sup>rd</sup> Floor  
Redwood City, CA 94063**

**All complaints must have the attached complaint form completely filled out, signed, and dated by the complaining party (not by their attorney) before a case can be reviewed.**

We sincerely hope this information will be of assistance to you.

# OFFICE OF THE DISTRICT ATTORNEY

County of San Mateo, State of California

500 County Center, 3<sup>rd</sup> Floor

Redwood City, California 94063

(650) 363-4636

BUREAU OF INVESTIGATIONS

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## INSURANCE FRAUD COMPLAINT FORM

PLEASE TYPE OR PRINT LEGIBLY

### I. COMPLAINANT (Person Filing Complaint) (All information must be provided.)

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH	OCCUPATION
STREET ADDRESS or P.O. BOX			APT. NO.	DRIVER'S LICENSE / IDENTIFICATION NUMBER
CITY		STATE		ZIP CODE
FAX NO.		E-MAIL		
DAY TELEPHONE NUMBER ( )		EVENING TELEPHONE NUMBER ( )		

### II. SUSPECT (Business or Suspect the Complaint is Against)

NAME OF BUSINESS					
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. TRANSACTION INFORMATION

DATE OF OCCURENCE	LOCATION OF OCCURENCE	
IDENTIFY THE TYPE OF INSURANCE POLICY INVOLVED IN YOUR COMPLAINT (automobile, medical, worker's compensation, etc.)		INSURANCE COMPANY

