



SCDOI Insurance Fraud Complaint Form

Your Name:

Name of Your Organization: *(if applicable)*

Your Address:

Street Address

Address Line 2

City, State

Zip

Your Email Address:

Your Telephone Number:

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What is the false statement / misrepresentation / potential fraud you believe was committed and by whom? Please attach copies of any supporting documentation to this complaint.

How do you know it is a false statement / misrepresentation / potential fraud and what evidence supports your conclusion?



Why does the false statement / misrepresentation / potential fraud matter?

Did a licensed professional participate?

Yes No

If representing a business / organization, what was the amount claimed?

If representing a business / organization, what was the amount paid?

Date of Loss:

MM – DD – YYYY

Individuals Involved – Suspects:

If available, please include names, addresses, and telephone numbers of any parties you believe are involved in the false statement / misrepresentation / potential fraud.

Individuals Involved – Witnesses:

If available, please include names, addresses, and telephone numbers of any parties you believe are involved in the false statement / misrepresentation / potential fraud.

Other Agencies or Individuals Contacted About This Matter:

Please mail this form to our office, with all supporting documentation:

South Carolina Department of Insurance
Attn: Insurance Fraud Division
P.O. Box 100105
Columbia, SC 29202

Or attach it in an email and send it to FraudDivision@doi.sc.gov.