



**OFFICE OF THE DISTRICT ATTORNEY**  
**SPECIAL PROSECUTIONS**  
County of Ventura, State of California  
5720 Ralston Street, Suite 300  
Ventura, CA 93003  
(805) 662-1750

**ERIK NASARENKO**  
District Attorney

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Special Prosecutions

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Supervising Deputy District Attorney

**WORKERS' COMPENSATION INSURANCE FRAUD COMPLAINT FORM**

This form is designed to be used by members of the general public and their representatives. If you are employed in the insurance industry, you must use Form FD-1 to make your report. Under California Insurance Code section 1879.5, no person shall be subject to civil liability for filing a good faith report of suspected insurance fraud.

**PLEASE PRINT LEGIBLY**

**I. COMPLAINANT (Person filing complaint)**

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH	OCCUPATION
STREET ADDRESS OR P.O. BOX		APT. NO.	DRIVERS LICENSE OR IDENTIFICATION NUMBER	
CITY		STATE	ZIP CODE	
FAX NO.			E-MAIL	
DAY TELEPHONE NUMBER			EVENING TELEPHONE NUMBER	

**II. COMPLAINT IS AGAINST (Provide known information)**

NAME OF BUSINESS OR INDIVIDUAL					
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. COMPLAINT**

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Please describe the fraudulent activity you wish to report. Additional pages may be attached.

### **IV. MAILING INSTRUCTIONS**

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To help explain the details of your complaint, please supply any documents related to your complaint.

**MAIL OR DELIVER COMPLAINT AND  
SUPPORTING DOCUMENTS TO:**

**Ventura County District Attorney's Office  
Special Prosecutions | Workers' Compensation Fraud Unit  
5720 Ralston Street, Suite 300  
Ventura, CA 93003**

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**WARNING: Filing a false report is a crime pursuant to Penal Code 148.5(a)**