

Joint Enforcement Task Force on Employee Misclassification Reporting Fraud and Other Violations

If you think an employer is committing fraud by misclassifying its workers or is committing violations of New York State laws related to the employment of workers, it is important that you let us know about it. All allegations of fraud and violations are taken seriously, and you can remain anonymous. Please include as much information as possible. All information will be maintained in a fully secure environment.

The Task Force's strong emphasis on fraud prevention, and the detection of violations, helps reduce opportunities for fraud and abuse. In addition, its fraud deterrence activities persuade individuals and companies that they should not commit fraud because of the likelihood of detection and punishment.

Please provide all known information for the company you suspect of committing fraud or a violation:

Company name:		
Also known as:		
Doing business as (DBA):		
Foreman/Employer/or Employer's Representative's		
First Name:	M.I.:	Last Name:
Social Security Number/Federal Employer ID Number		Gender: M / F / Unknown
Business address or PO Box		
City	State	ZIP Code
Telephone Number	Email Address	Website

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Please provide information about the address(es) where this business may be conducting operations:

What leads you to believe this business is committing fraud (attach additional sheets if needed)?
Please describe the conditions or factors you believe to be fraudulent or violations of the law.

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What are the typical work hours?

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How are workers paid? (circle one or more) Cash, Personal Check, Payroll Check, Combination, Other	Are there people being paid off-the-books? Y / N / Unknown
Are workers classified as independent contractors? Y / N / Unknown	Are people being paid time-and-a-half for overtime work? Y / N / Unknown
Are promises of payment being ignored? Are wages still unpaid? Y / N / Unknown	Are people working more than forty (40) hours in a week? Y / N / Unknown
Are odd or unexplained deductions being taken out of payments? Y / N / Unknown	Do workers receive a pay stub or record of deductions? Y / N / Unknown

Are you aware of others who may wish to speak to the Task Force regarding violations, fraud, and abuse? Y / N / Unknown

If so, please provide contact information:

Name:	Contact at:

If there is there any additional information you would like to provide, please attach additional sheets as needed.

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The Task Force will make every effort to protect your identity. We will not reveal the source of these allegations to the employer in the course of our investigation. You may file this form anonymously if you wish.

We would appreciate your contact information in the event we need more information or clarification.

First Name	M.I.	Last Name
Street address or PO Box		
City	State	ZIP Code
Telephone	Email Address	

Are you acting as a representative of an organization? Y / N

If so, please provide the organization's contact information:

Entity/Name		
Street address or PO Box		
City	State	ZIP Code
Telephone	Email Address	Website:

Would you be willing to be interviewed by an investigator? Y / N / Unknown

Would you be willing to provide a sworn statement? Y / N / Unknown

Would you be willing to testify if necessary? Y / N / Unknown

Do you wish to remain anonymous? Y / N / Unknown

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Besides this form, the Task Force and the New York State Department of Labor offer several options for you to report fraud:

To report Employer Fraud Activities you may contact our 24-Hour Toll Free Hotline at

1-866-435-1499

You may also contact our UI Fraud Unit at (518) 485-2144 between 8 am and 4 pm

You may fax information to (518) 485-6172 or

You may report by mail to:

New York State Department of Labor
Liability and Determination, Fraud Unit
Building 12, Room 356
W.A. Harriman State Office Campus
Albany, NY 12240