



Criminal Investigation Complaint Form

- Complete all entry spaces with the most current data available.
- **Important!** Write "N/A" (not applicable) or "Unk" (unknown) in spaces that do not apply.

Check a box indicate type of fraud:

| | | |
|--|--|----------|
| Tobacco Fraud <input type="checkbox"/> | | |
| Tax Fraud <input type="checkbox"/> | Tax Type | Tax Year |
| | <input type="checkbox"/> Income | Y Y Y Y |
| | <input type="checkbox"/> TPT (Sales) | Y Y Y Y |
| | <input type="checkbox"/> Other: _____ | Y Y Y Y |

| Subject of Referral | | |
|---|-----------|------------------------------------|
| First Name and Middle Initial | Last Name | SSN/TIN |
| Home Address - number and street, rural route | Apt. No | Daytime Phone No. (with area code) |
| City, Town, or Post Office | State | ZIP Code |
| Business Name | | |
| Business Address | | |
| City, Town, or Post Office | State | ZIP Code |
| Criminal History | | |
| Other Involved (if known) | Address | |

Evidence of Criminal Intent

What is the alleged fraud?

Is there a document to support the fraud?

- Yes. Please attach to this document or if you are emailing this, please attach it to the email.
- No.

What is the approximate period of time in which this fraud occurred?

What is the estimated dollar amount of this fraud? \$.00

Are there others that can corroborate this fraud?

- Yes. Please provide us with their name(s) and any contact information (address or phone numbers) available

| | | |
|------|---------|--------------|
| Name | Address | Phone Number |
|------|---------|--------------|

| | | |
|------|---------|--------------|
| Name | Address | Phone Number |
|------|---------|--------------|

- No.

Please provide any additional information you may have:

| Financial Information (IF KNOWN) | | | |
|--|-----------------------------|-------|---------------------------|
| Assets Owned: <input type="checkbox"/> Airplanes <input type="checkbox"/> Automobile <input type="checkbox"/> Boats <input type="checkbox"/> Real Estate <input type="checkbox"/> Other: _____ | Vehicle Information: | | |
| | Make | Model | Year [Y , Y , Y , Y] |
| | Make | Model | Year [Y , Y , Y , Y] |
| | Make | Model | Year [Y , Y , Y , Y] |
| Financial institution and /or brokerage account information: | | | |

| Referral Information (OPTIONAL) | |
|--|------------------------------------|
| Full Name | Daytime Phone No. (with area code) |
| How did you become aware of this activity? | |

Please Note: Confidentiality laws prevent us from providing you with any feedback regarding the information you provide.

To ensure proper investigation, be sure that you:

- ✓ Complete and submit this form in its entirety.
- ✓ Attach any supporting documents.
- ✓ **Mail this form to:** Criminal Investigations • PO Box 29099 • Phoenix, AZ 85038, or
- ✓ **Email this form to:** DorCriminalinv@azdor.gov