



## Special Investigation Unit Referral Form

Return completed form to:  
BrickStreet Insurance-SIU  
P.O. Box 11618  
Charleston, WV 25339  
ReportFraud@brickstreet.com

Are you reporting a:	
<input type="checkbox"/> Claimant <input type="checkbox"/> Medical Provider <input type="checkbox"/> Policyholder <input type="checkbox"/> Vendor <input type="checkbox"/> BrickStreet Employee <input type="checkbox"/> Other _____	
Date	Name of Person You Are Reporting
Mailing Address	Physical Address
Phone Number	

Reason for Reporting (Please describe in detail the activity being reported for investigation):

Is there anyone else who can provide information to assist in this investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide:	
Name	Phone Number
Email Address	

If we have follow-up questions, may we contact you for additional information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide:	
Your Name	Phone Number
Email Address	

**If you do not wish to disclose your identity, you may remain anonymous when filing this report. However, please keep in mind that anonymity may impede a timely and thorough investigation of this matter. BrickStreet Insurance is committed to investigating all reports promptly and will maintain the confidentiality and/or anonymity of all parties involved to the fullest extent of the law.**

Submit By Email

Print Form