



REPORT a CRIME

TAX RECOVERY AND CRIMINAL ENFORCEMENT
TRaCE TASK FORCE

Please send completed form and any supporting documents to this address: TRaCE, PO Box 942879, Sacramento, CA 95814-0100, MIC:100.
As an alternative, you can also go online and file your complaint at www.cdtfa.ca.gov/trace.

SUSPECT INFORMATION

FIRST NAME	LAST NAME	M.I.	CELL PHONE NUMBER ()	TELEPHONE NUMBER ()	
APPROXIMATE AGE	SPOUSE INFORMATION (name, address, etc.)				
CORPORATE, LLC, OR BUSINESS NAME					
BUSINESS AND/OR HOME STREET ADDRESS			CITY	STATE	ZIP CODE
EMAIL ADDRESS					

COMPLAINT SUMMARY (who, what, when, where, and how)

DESCRIBE THE OFFENSE AND INCLUDE DATES (if additional space is needed please continue on the back of this form)

CAN YOU PROVIDE EVIDENCE TO SUPPORT YOUR COMPLAINT? Yes No (if yes, describe the evidence or attach)

COMPLAINT CATEGORIES (check all that apply)

- | | | | | |
|--|--|--|--------------------------------------|--|
| <input type="checkbox"/> Contracting/Licensing | <input type="checkbox"/> Welfare Fraud | <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Income Tax | <input type="checkbox"/> Insurance Fraud |
| <input type="checkbox"/> Motor Vehicles | <input type="checkbox"/> Counterfeiting/Piracy | <input type="checkbox"/> Sales and Use Tax | <input type="checkbox"/> Tobacco Tax | <input type="checkbox"/> Labor/Wage |
| <input type="checkbox"/> Payroll/Workers' Compensation | <input type="checkbox"/> Unemployment Insurance/Disability Fraud | <input type="checkbox"/> Other (explain) _____ | | |

YOUR INFORMATION

- ANONYMOUS** You are encouraged to provide your contact information in case more details are needed to investigate your complaint. Complaints with insufficient information may not be processed.

FIRST NAME	LAST NAME	M.I.	CELL PHONE NUMBER ()	TELEPHONE NUMBER ()	
BUSINESS AND/OR HOME STREET ADDRESS			CITY	STATE	ZIP CODE
EMAIL ADDRESS				DATE COMPLETED	

WHAT IS YOUR RELATIONSHIP TO THE SUSPECT (check all that apply)

- Employee Friend Relative Competitor Customer Business Owner Other _____

(CONTINUED) **COMPLAINT SUMMARY** (*who, what, when, where, and how*)
