

Date: _____
Time: _____

S.W.I.F.T. LEAD REFERRAL
Statewide Investigative Fraud Team (S.W.I.F.T.)
<http://www.cslb.ca.gov>

Northern Regions

9821 Business Park Drive, Sacramento, CA 95827
Mailing Address: P.O. Box 269117, Sacramento, CA 95826-9117
Office Number (916) 255-2924 / Fax (916) 369-7265

Southern Regions

12501 East Imperial Hwy., Ste. 610, Norwalk, CA 90650
Office Number (562) 345-7600
Fax Number (562) 466-6065

SUSPECT(S) INFORMATION

Suspect's NAME (First): _____ (Last): _____

Suspect's BUSINESS NAME: _____

Suspect's ADDRESS: _____

Suspect's PHONE #: (_____) _____ PAGER #: (_____) _____

(S) DESCRIPTION: _____
(Sex) (Race) (Age) (Ht.) (Wt.) (Hair) (Other Information)

Driver License/ID #: _____ Date of Birth: _____ SSN: _____-_____-_____

(S) Vehicle: Lic. # _____ Make _____ Model _____ Color _____ Year _____

PROJECT INFORMATION

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cross Streets: _____

Owner of Project: _____ Owner's Telephone #: (_____) _____

Residential: Commercial:

- Type of work Suspect is doing? _____ Prime Subcontractor
- How long has Suspect been on the job site? _____
- How much longer will Suspect be on the site? _____
- How many employees (workers) on the site? _____

REPORTING PARTY INFORMATION

Reporting Party's Name: _____

Phone #: (_____) _____ Cell #: (_____) _____

Remain Confidential? Yes No

Origin: Public Industry Government Other _____

FOR CSLB USE ONLY

Case Number: _____ Date Assigned: _____

Received Via: Fax Phone E-Mail Mail Hand Delivered

Referred to: EDD DIR DOI Other: _____