

Date: _____

LEAD REFERRAL
Statewide Investigative Fraud Team (SWIFT)
www.cslb.ca.gov

Northern Region
9821 Business Park Drive
Sacramento, CA 95827
(916) 255 2924 Fax (916) 369 7265

Central Region
3374 East Shields Ave., E-22
Fresno, CA 93726
(559) 445 5583 Fax (559) 444 2506

Southern Region
12501 East Imperial Hwy., Ste 610
Norwalk, CA 90650
(562) 345 7600 Fax (562) 466 6065

SUSPECT INFORMATION

License No. Used _____

Licensed

Unlicensed

Name:	(First):	(Last):
Business Name:		
Address:	City	Zip
Phone: ()	Cell: ()	Email:

SUSPECT DESCRIPTION

Sex	Race	Age	Height	Weight	Hair	Other Information
Drivers License		Date of Birth		SSN		
Vehicle License		Make	Model	Color	Year	

PROJECT INFORMATION

Residential: Commercial:
Prime Contractor Sub Contractor

Address:	City	Zip
Cross Streets		
Project Owner	Owner Phone:	()
Type of work suspect is performing:		
How long has suspect been on job site?		
How much longer will suspect be on job site?		
Number of employees (workers) on site:		
If suspect licensed, what is alleged violation?		

REPORTING PARTY INFORMATION

Name:		
Address:	City	Zip
Phone: ()	Cell: ()	Email:

Remain Confidential: Yes No

Origin: Public Industry Government Other:

FOR CSLB USE ONLY

Case Number:					Date Assigned:		
Received Via:	Fax <input type="checkbox"/>	Phone <input type="checkbox"/>	E-Mail <input type="checkbox"/>	US Mail <input type="checkbox"/>	Hand Delivered <input type="checkbox"/>		
Referred to:	EDD <input type="checkbox"/>	DIR <input type="checkbox"/>	DOI <input type="checkbox"/>	Other <input type="checkbox"/>			