



**Discharge – FALSIFIED COMPANY DOCUMENTS**

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: \_\_\_\_\_

Last 4 Digits of your Social Security #: \_\_\_\_\_ Date completing questionnaire: \_\_\_\_\_

**Claimant Statement**

1. What was your last physical date of work (mm/dd/yyyy)? \_\_\_\_\_

2. When were you fired/discharged (mm/dd/yyyy)? \_\_\_\_\_

3. Who discharged you? Name: \_\_\_\_\_

Title: \_\_\_\_\_

4. What reason were you given for being discharged:

5. Did you falsifying document(s)?  YES  NO

If yes: a. What document(s) did you falsify? \_\_\_\_\_  
 b. Why did you falsify the document(s)?

If no: a. Why does your employer feel you falsified a document(s)?

6. What information on the document(s) were you accused of falsifying?

7. Does the employer have a policy regarding falsification of documentation?  YES  NO

If yes, were you aware of the policy?  YES  NO

If yes, what is your understanding of this policy?

How were you notified of the policy?

- |                                      |                             |  |
|--------------------------------------|-----------------------------|--|
| <input type="radio"/> Bulletin Board | <input type="radio"/> Email | <input type="radio"/> Handbook/Handout |
| <input type="radio"/> Verbally       | <input type="radio"/> Video | <input type="radio"/> Not Informed     |

Rhode Island Department of Labor and Training  
**Unemployment Insurance - Central Adjudication Unit**  
P.O. Box 20067, Cranston, RI 02920  
Fax: 401-462-8318

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8. Had there been a prior incident or incidents where you falsified a document?  YES  NO

If yes, please provide details and date(s):

If yes, were you previously warned for any prior falsifications of documentation?  YES  NO

a. If yes, provide date of last warning (mm/dd/yyyy): \_\_\_\_\_

i) Type of Warning:  Verbal  Written  Final

ii) Provide details of last warning:

iii) Name and title of person who issued the last warning:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

9. Provide details of any other warnings you were issued. Include the dates and the name of the individual(s) who issued the warning(s). If you did not have any prior warnings, indicate "None".

10. Enter any additional information you feel may be necessary:

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true.  YES  NO

Signature: \_\_\_\_\_