



**North Carolina Department of Commerce
 Division of Employment Security
 Unemployment Insurance
 Quality Control**



Date:

Name Address Address2 City, State, Zip

Batch No.

Re: SS No. XXX-XX-

Dear _____,

You failed to report to the _____ Local Office for your first scheduled appointment on _____, at _____m, and your second scheduled appointment on _____, at _____m. As indicated in the previous report letters sent to your address of record, your claim is among those selected at random as part of a Federal Benefit Accuracy Measurement Program. The program is used to determine if unemployment insurance benefit claims are being paid properly in accordance with state law and regulations, and your participation is required by law.

You will need to complete the enclosed questionnaire in its entirety, and return it within five (5) business days in the self-addressed, postage paid envelope provided, or your benefits will be discontinued, due to failure to report for this investigation.

AGAIN, IT IS EXTREMELY IMPORTANT THAT YOU COMPLETE THE ENCLOSED QUESTIONNAIRE AND RETURN IT WITHIN FIVE (5) BUSINESS DAYS. FAILURE TO RETURN THE QUESTIONNAIRE AS DIRECTED AND PROVIDE THE NEEDED INFORMATION WILL AFFECT YOUR ELIGIBILITY FOR UNEMPLOYMENT INSURANCE BENEFITS.

If you need assistance completing this questionnaire, please contact me at the number below between the hours of 8:00am and 5:00pm, Monday through Friday. If I am not available to take your call, please leave your first and last name, last four digits of your social security number, and a working telephone number where you can be reached.

Thank you,

Quality Control Investigator

Telephone:

Fax:

Help us prevent UI Fraud!
 Report Suspected UI Fraud Online at
des.nc.gov