



# Suspected Fraud Reporting Form

Person's name: \_\_\_\_\_

Person's full Address: \_\_\_\_\_

Person's date of birth or approximate age: \_\_\_\_\_

Person's Social Security number (if known): \_\_\_\_\_

Dates or approximate time frame that fraud occurred: \_\_\_\_\_

Name(s) and relationship of any other individual(s) involved in the fraud:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In detail, please identify the alleged fraud. If you are alleging unreported employment, then please provide the name and address of the employer:

\_\_\_\_\_  
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\_\_\_\_\_

### Optional Contact Information

You may remain anonymous if you desire. Providing contact information will allow staff to contact you, if necessary, to gather any additional information needed to help in the investigation.

Person making complaint: \_\_\_\_\_

Daytime phone number including area code: \_\_\_\_\_

DUE TO CONFIDENTIALITY LAWS WE ARE NOT ABLE TO INFORM OR RESPOND TO YOU AS TO THE OUTCOME OR SPECIFICS OF A CASE.

Please mail or fax form to:  
DTA-Program Integrity  
P.O.Box 4411  
Taunton, MA 02780-0435  
Attn: Fraud Investigation Unit  
Fax: (617) 348-5479  
Fraud Hotline 1-800-FRAUD99