REFERRAL REPORT OF POTENTIAL FRAUD

Subject of Referral NAME (LAST, FIRST, MIDDLE INITIAL) S.S.# (IF AVAILABLE) STREET ADDRESS PHONE # (IF AVAILABLE) RETIREMENT BOARD OF RETIREE CITY/TOWN STATE 7IP **Allegation** Please give a brief description of the allegation. **Optional** If we need more information, may we contact you? NAME (LAST, FIRST, MIDDLE INITIAL) PHONE # STREET ADDRESS CITY/TOWN STATE ZIP If you prefer to make a report by telephone, please call the PERAC Pension Fraud Hotline at 1-800-445-3266.



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