

# PUBLIC BENEFITS FRAUD COMPLAINT FORM

Please complete this form with as much information and in as detailed a manner as possible.

## 1. Complaining Party

Do you wish to remain anonymous?  No  Yes (if yes skip to section 2)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## 2. Fraud Information

### a. Type of Fraud

- Medicaid
- Public Assistance
- Food Stamps
- Day Care
- HEAP – Home Energy Assistance Program
- Other: \_\_\_\_\_

### b. Complaint Against Recipient of Benefits

Name: \_\_\_\_\_  
DOB or Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**c. Provider of Services**

Provider's Name:

Provider's ID Number:

Address:

City:

State:

Zip:

Phone:

Location of Fraudulent  
Activity: (if different from  
Provider's address)

Insurance Claim Number:

**3. Description of the suspected fraudulent activity or misuse of public funds.**

Give a statement that clearly describes the persons involved, dates, locations and nature of the incident or issues that you are reporting. The more specific the information you provide us, the better we will be able to follow-up on your complaint.

**\*Have you contacted your local law enforcement agency with regard to this Complaint?**

- Yes
- No

**If yes, what is the name of the agency and when did you contact that agency?**

**\*Have you contacted any other local or state agency with regard to this Complaint?**

- Yes
- No

**If yes, what is the name of the agency and when did you contact that agency?**

**\*By submitting this form, I confirm that I understand that The Nassau County Department of Social Services does not represent private citizens seeking the return of money or other personal remedies.**

**\*Due to laws regarding client confidentiality, The Department of Social Services is prohibited from disclosing the outcome of an investigation.**

**\*The sources of all fraud referrals are kept strictly confidential.**

**THANK YOU FOR TAKING THE TIME TO REPORT PUBLIC BENEFITS FRAUD**