

**Form for Reporting Fraud
Committed by a Department of Social Services Client**

YOUR PERSONAL INFORMATION (OPTIONAL):

Your Name:

Your Address:

Your E-Mail Address:

Your Area Code + Phone Number:

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Note: Fields marked with * must be completed.

* CLIENT'S NAME:

CLIENT'S STREET ADDRESS:

* CLIENT'S CITY:

CLIENT'S STATE:

CLIENT'S ZIP CODE

CLIENT'S DATE OF BIRTH:

CLIENT'S SOCIAL SECURITY NUMBER:

* Please enter ALL the information you have regarding the allegation or suspicion of how the client(s) is defrauding the department:

Note: Because of confidentiality laws we are NOT able to inform or respond to you as to the outcome or specifics of a case.

State of Connecticut Department of Social Services/Investigations Division
55 Farmington Avenue, Hartford, CT 06105-3730
Phone: 1-800-842-2155 or (860) 424-5980 Fax: (860) 424-4945