

**Form for Reporting Fraud
Committed by a Department of Social Services Provider or Vendor**

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.

* PROVIDER/VENDOR NAME:

* PROVIDER/VENDOR ADDRESS:

* PROVIDER/VENDOR CITY:

* PROVIDER/VENDOR STATE:

PROVIDER/VENDOR ZIP CODE:

PROVIDER/VENDOR BUSINESS TYPE:

* Please enter ALL the information you have regarding the allegation or suspicion of how the above individual(s) or company(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