



## PUBLIC ASSISTANCE FRAUD COMPLAINT FORM

Your Name: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

Name of person you are reporting:

\_\_\_\_\_

Address and phone number of the person you are reporting:

\_\_\_\_\_

\_\_\_\_\_

Name and ages of other people living with the person you are reporting:

\_\_\_\_\_

\_\_\_\_\_

Do you know the date of birth of the person(s) you are reporting? If yes, please provide:

\_\_\_\_\_

Does the person you are reporting work? If so, do you know where?

\_\_\_\_\_

Do you know what type of state/county benefits they are receiving?

\_\_\_\_\_

Please tell us why you think they are committing public assistance fraud? (use additional pages if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When reporting fraud, you remain anonymous. We will not disclose who reported the alleged fraud. We request your information if additional information is needed. You are not required to provide your name or contact information.

Please download this form and complete it. You can email the completed form to [reportpublicassistancefraud@broomfield.org](mailto:reportpublicassistancefraud@broomfield.org), bring to the Broomfield Health and Human Services Building at 100 Spader Way, Broomfield, CO 80020 between the hours of 8 a.m. to 5 p.m. Monday-Friday, put in the dropbox in front of the main entrance of our building or fax to 720-887-3109.

Thank you for your help, 720-887-2207