

# REPORT FORM

**Do you suspect someone of Benefit Fraud?  
If so please use this form to tell us about it.**

## **1. Who do you suspect of Benefit Fraud?**

**Full Name:** .....

**Address:** .....

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## **2. What are your suspicions about this matter?**

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**3. What information do you have to support this suspicion?**

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**4. Is there other information you want to give us?**

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**5. (you don't need to give us this information)**

**Can we contact you?**

**Your Name:** .....

**Address:** .....

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**Telephone Number:** .....