



Program Violation and/or Fraud Reporting Form

PURPOSE/ACTION

This form is used to report suspected abuse of the program and any other complaints to Housing Connect. **All complaints must be submitted on the Complaint Form.** When completed, the form will allow Housing Connect to begin an investigation. It is the policy of Housing Connect to keep all information with regard to the client/resident confidential in accordance with the Federal Privacy Act. As a result, no information regarding the investigation may be released to the person filing the complaint. All substantiated complaints will be investigated.

COMPLAINT- Person the complaint is about:

Name : _____

Address: _____ Phone: _____

Details of complaint: It is important to include as many details as possible. Please provide information such as first and last names, license plate numbers, pertinent dates, employment, etc.

Use the back of the form if additional space is needed or include supporting documents.

A **complainant** is the person filing the complaint. The name, address and a phone number of the complainant are important when an investigator has questions. Without this information, the investigator may not be able to complete an investigation. Please list **your** information below.

Name: _____ Phone: _____

Address: _____

Please indicate below by checking the box with an X

I request my name remain confidential and do NOT wish to testify at an informal hearing.

I would be willing to provide a NOTARIZED statement which could be used at an informal hearing.

I would be willing to attend and attest to the above statement at an informal hearing.

Signature: _____ Date: _____