

SECTION 8
PROGRAM ABUSE OR FRAUD FORM

Please complete and submit this form to report any suspected fraud or abuse under Section 8. You may also call our Quality Control Manager at (251) 456-3324 ext. 237.

Fields with asterisks (*) are required. If the information is unknown, please answer "unknown".

1. Participant Name (First Last)*

Click here to enter text.

2. Participant Address (including city)*

Click here to enter text.

3. Type of Suspected Fraud:*

Choose an item.

4. Please describe the suspected fraud in as much detail as you can.*

Click here to enter text.

5. Names of unauthorized people living in the unit.

Click here to enter text.

6. Car License/Make/Model

Click here to enter text.

7. Name and Address of Employer

Click here to enter text.

8. List any arrests (dates and charges)

Click here to enter text.

9. Would you like to be contacted regarding this complaint? Your information will be kept confidential.

Choose an item.

10. If so, please provide your contact information (Name, Phone Number, Email Address).

Click here to enter text.