

Fraud Notification Form

Please fill in as many details as you can.

1. Who are you reporting?					
Title		Surname			
First Name / initials		Date of Birth			
Address					
Postcode		Telephone No			
Does he/she have a car? Details: colour, make, registration					
	ect this person is a be		T		
a. Person is working and claiming benefit		1	Yes / No		
Please give details of where the person works or what he / she does. Give the company name and address if known					
Roughly what time does he/she leave for work and return home?					
b. Person is living with someone while cla benefit		iming to be single and on	Yes / No		
What is the name of the partner who is living with them					
Can you describe him/her? (age, colour, hair, build)					
Please give details of where the partner works or what he / she does. Give the company name and address if known					
Roughly what time does he/she leave for work and return home?					
Does he/she have a car? Details: colour, make, registration					

c. Other Reason	Yes / No	
Please give details		

It would help us if you could provide your contact details in case we need to ask you additional information.

All details will be held under the Data Protection Act and will remain confidential.

Title	Surname	
First Name / initials		
Address		
Postcode		
Telephone No	E-mail address	

Thank you for taking the time to complete this form. Please send it to:

Benefit Services (Fraud Team) 135 Eastern Avenue Milton Park Milton Abingdon Oxon OX14 4SB

fraud@southandvale.gov.uk