

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 | |  | |

|  |  |  |
| --- | --- | --- |
| 2. Why do you suspect this person is a benefit cheat? | |  |
| a. Person is working and claiming benefit | | 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 claiming to be single and on benefit | | 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