



Report of Suspected Fraud

Name of reporting person:

Contact details should you wish to provide them:

Do not complete the above if you wish to remain anonymous

Details of Claimant

Name: Mr/Mrs/Miss/Ms

Address:

Postcode:

National Insurance no:

Date of birth:

Description of Claimant

| | |
|---|----------------------|
| Height: Build: Hair: Distinguishing marks: | <input type="text"/> |
| Usual type of clothing worn: | <input type="text"/> |
| Type of alleged Fraud: (e.g. working / not resident / partner not declared / other adults resident not declared / other income/other capital) | <input type="text"/> |
| How long has alleged fraud been taking place? | <input type="text"/> |
| Employer name & full address – claimant also for alleged partner / non-dependant (If applicable) | <input type="text"/> |
| If employer name not known please record the times coming, going to work and direction of travel | <input type="text"/> |

Alleged partner / non-dependant

| | |
|---|--|
| Name: Date of Birth: National Insurance No: Alternative address: | |
|---|--|

Description of alleged partner / non-dependant

| | |
|--|------------------------------------|
| Height: Build: Hair: Distinguishing marks: | |
| Usual type of clothing worn: | |
| Is claimant or alleged partner / non-dependant known to be potentially violent? Yes <input type="checkbox"/> No <input type="checkbox"/> | If YES – how is this known? |
| Vehicles used (Please record Make, model, colour, registration) | |
| Have you reported this to Department of Work & Pensions? Yes <input type="checkbox"/> No <input type="checkbox"/> | If so, when? |
| Where did you get our telephone number from to report this? | |

Once completed this form should be sent to:

Benefit Fraud, Benefit Services, P.O.Box 69, Ryedale House, Old Malton Road, Malton YO17 7ZL