

Report Welfare Fraud Form

Please print the following information.

Client's Name: _____

Name Alias: _____

Client's Address: _____

Date of Birth, or Age: _____ **Phone Number:** _____

Vehicle Description: _____
(plate number, color, year, make, model, etc.)

What is the alleged fraud? _____

Please list the name(s) of individual(s) involved: _____

Is there an address? _____

If they are employed, where do they work? _____

How long has the fraud occurred? _____

List the names of witnesses who can verify the alleged fraud: _____

Do you wish to remain anonymous? Yes No

If No, please provide the following information:

Your Name: _____

Your Address: _____

City: _____ **Phone Number:** _____

Mail this completed form to:
DSS Office of Recoveries & Fraud Investigations
700 Governors Drive
Pierre, SD 57501-2291