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