

## WELFARE FRAUD COMPLAINT FORM

- 1. Please complete all fields in the form below to the best of your ability.
- 2. Submit the form send by either:

• Fax: 208-334-5694 or

• Mail: Welfare Fraud Investigations Unit

P. O. Box 83720 Boise, ID 83720-0036

Your Name (optional):

Complaint:

Your contact information (daytime phone, address):

Your contact information is kept confidential. However, an investigator may contact you for additional information if needed. Participant's Name: Participant's Address: Participant's City & Zip Code: Participant's Telephone Number: Participant's Birth Date (or Approximate Age): Client ID Number: Gender: Spouse's Name: Spouse's Birthdate: Participant's Social Security Number: Child Care Food Stamps Medical First and Last Name and Age of Participant's Children and their Client ID Number (if known):