

Please provide
as much information
as is possible

Benefit Fraud Referral

Claimant's Name:

Claimant's Address:

What type of Fraud do you think is being committed:

Someone else living at the property:-

Their name:

Their relationship to the claimant:

When did they move in:

What do they look like if known?

Age:

Height:

Build:

Hair:

Other:

Do they work?

Yes

No

If Yes, please complete Work Details section below.

Work Details, if known:-

Name of Employer:

Type of work they do:

Place of Work:

What time do they leave for work?

What time do they return home?

How do they get there?

Vehicle Details. if known:-

Make and model:

Colour:

Registration:

Distinguishing features:

Who uses this vehicle?

Not Resident:-

When did they move out?

Where do they live now?

Undeclared Savings or Income:-

Please provide as much detail as possible, eg amounts, source of the money, details of bank/building society accounts:

Other Information:

Source of information:

Date:

Time:

Telephone contact number – Investigations Section: 01923 727190