

## SECTION 8 SUSPECTED FRAUD COMPLAINT FORM

### Purpose/Action

This form is used to report suspected abuse of the program and any other complaints to the Housing Authority of the County of Butler. When completed, the form will allow the housing authority to begin an investigation. It is the policy of the authority to keep all information with regard to the client confidential in accordance with the Federal Privacy Act. As a result, no information regarding the investigation may be released to the person filing the complaint. All substantiated complaints will be investigated.

### **Person Being Reported:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Complaint:**

Types of complaints include fraud/unreported income, unauthorized persons living in the unit, utilities not in service, ECT.

**Details of complaint:** Please include as many details as possible. Information including names, dates, employment are important.

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**Use the back of the form if additional space is needed.**

### **FOR HOUSING AUTHORITY EMPLOYEE USE ONLY:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_