

**FRAUD HOTLINE**

Office of Auditor General
444 S.W. 2nd Avenue- 7th Floor
Miami, FL 33130

FAX ALERT

Sending personal information by fax is not a secure means of transmission. It is recommended you return your request by regular mail.

ANONYMOUS FRAUD REPORTING COMPLAINT FORM

Complete this Complaint Form if you wish to submit a complaint to the Fraud Hotline Program. If you wish to remain anonymous, please omit all information about yourself. To help us review and evaluate your information for appropriate action, please leave detailed information regarding the nature of the allegations. Provide the full name of the person(s) involved, where, when and how often the activity has occurred. Please also provide the name of any other person(s) who may be aware of this activity.

City of Miami Fraud Hotline



(305) 416-2003

Date incident(s) occurred: _____

Suspected Person(s) Involved:

NAME	TELEPHONE	ADDRESS AND/OR DEPARTMENT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Description of your complaint. Please note this information is required.
(What, where, when, how and who else may be aware of the incident)

If you wish to remain anonymous, please leave the following areas blank.

Your Name: _____ Street Address: _____
E-Mail Address: _____