

BUREAU OF SPECIAL INVESTIGATIONS/ COMPLAINT/REFERRAL FORM

Toll Free Reporting Hotline 1-877-282-6657

Name of Informant/Caller: _____

Address of Informant/Caller: _____

Telephone Number of Informant/Caller: _____

Name of Subject of Complaint/Referral: _____

(Name of Fraud Suspect ex. WIC ID #'s/DOB/VENDOR #; Store Owner's Name)

Address of Subject: _____

Telephone # of Subject (if known): _____

Date(s) of Incident: _____

GIVE COMPLETE DESCRIPTION OF INCIDENT, COMPLAINT OR INFORMATION:

Complaint taken by: _____
Name/Title Telephone Number

Local Agency Name/LA#/VMA Name/VMA#

Date Information Taken/Faxed: _____

Please notify the Bureau of Special Investigations (BSI) by **FAXING** this form to (518) 402-1637 or via voice at 1-877-282-6657 or (518) 402-7101. Mail completed form to BSI at: PO Box 2061, Albany, NY 12220-0061.