

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF SOCIAL SERVICES
Special Investigations Unit

Frances Pierre
Commissioner

REQUEST FOR INVESTIGATION OF WELFARE FRAUD

Client Name	
Client Address	
Client City, State, Zip	
Client SS#	
Client Date of Birth	
Client Phone Number	

Briefly describe the alleged fraud below (attach additional pages if necessary):

Note: Please include information that would assist Investigators: For example, description of client, places of suspected employment, source of benefits or compensation, assets, bank accounts, description of absent parent, activity and employment, description of car(s) and license number(s).

Name of person or persons completing this form (OPTIONAL):

Name: _____ Phone: _____ Email: _____

Mail or Fax this completed form to:

BOX 18100
HAUPPAUGE, N.Y. 11788 – 8900

HOTLINE (631) 854-9807/854-9815
FAX: (631) 854-9803