

REFERRAL OF SUSPECTED FRAUD

Date of referral:

DETAILS OF PERSON MAKING/RECEIVING REFERRAL

NAME:

SECTION:

ADDRESS:

PHONE NUMBER:

SIGNATURE:

CLAIMANT DETAILS

SURNAME:

FORENAMES:

ADDRESS:

DOB:

NINO:

PARTNER:

DOB/AGE:

HBIS REFERENCE:

POTENTIALLY VIOLENT?

INFORMANT (If applicable):

INFORMANT'S CONTACT DETAILS :

Is this a LBN Fraud Hotline referral?

Where did the caller see the advert?

TYPE OF SUSPECTED FRAUD:

DETAILS & REMARKS (Please give as much info as possible. E.g. work details (include employers name/address etc), times they leave and return, household details, property owned, aliases.)

VEHICLE DETAILS

MAKE/MODEL:

COLOUR:

REG. NUMBER:

LANDLORD/OWNER:

DESCRIPTION OF CLAIMANT/SUSPECTED PERSON:

NAME	RELATIONSHIP TO CLAIMANT	HEIGHT	BUILD (STOCKY, SLIM, ETC.)	HAIR (COLOUR, LENGTH, STYLE, ETC.)	DIST FEATURES (GLASSES, BEARD, ETC.)	ETHNIC ORIGIN
CLAIMANT	XXXXXXXXXX					

Please complete this referral form and print it off. Send it to Internal Audit, 1 New Plaistow Road, Stratford, and E15 3JB. Should you require any advice, please call x40130