**Fraud Concerns Referral Form**

|  |  |
| --- | --- |
| Name |  |
| Organisation/Profession |  |
| Address |  |
| Tel.No |  |

**This Alleged Fraud Relates To:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Date Of Birth |  |

 **Suspicion**

|  |
| --- |
|  |

**Please provide details**

|  |
| --- |
|  |

**Possible useful contacts**

|  |
| --- |
|  |

Please attach any available additional information.

**Signed**…………………………………………**Date**……………………………….

Please return to Marie Dennis

Email: marie.dennis2@nhs.net

The Local Counter Fraud Specialist will acknowledge receipt of this referral direct to you within 5 working days unless otherwise requested.

You can also report via the NHS Counter Fraud Authority online reporting tool or hotline:

[NHS Counter Fraud Authority Online Reporting Tool](https://cfa.nhs.uk/reportfraud) 0800 028 60 40

*If you are making a referral anonymously, please provide as much information as possible as we will be unable to contact you to gain further information.*