

Toll-Free Reporting Hotline – 1-877-282-6657

Name of Reporting Party _____ Date _____

Address _____ Phone _____

Name of individual or organization being reported

Address _____

Sponsor Number _____ Center Number _____ Provider Number _____

Description of suspected fraud or abuse:

Complaint received by _____
Name/Title

Business Address & Phone

Please notify the Bureau of Special Investigations by **FAXING** this form to (518) 402-1637 and then mailing it to: BSI, PO Box 2061, Albany, NY 12220-0061.