

STATE OF CONNECTICUT

## DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

410 Capitol Avenue, 4<sup>th</sup> Floor, Hartford, CT 06134

## **Fraud Information Form**

Name	Phone (H)	Phone (C)		
Street	E-Mail Address	E-Mail Address		
City/Town	State	Zip		
Has this matter been submitted to ar	nother Federal or State agency?			
If Yes, which agency?				
Please briefly describe you complain	t below: (please attach or mail addition	al information & docume		