



State of Connecticut  
Department of Developmental Services



**Fraud Information Form**

Please type or print clearly

This form is fillable and can be saved

<b>Name</b>	<b>Phone (H)</b>	<b>Phone (C)</b>
<b>Street</b>	<b>E-Mail Address</b>	
<b>City/Town</b>	<b>State</b>	<b>Zip</b>
<b>Has this matter been submitted to another Federal or State agency?</b>		<b>Yes      No</b>
<b>If Yes, which agency?</b>		
<b>Please provide suspected fraud details below: <i>(please attach additional information and documents as needed)</i></b>		

*Please email form to [DDS.ReportFraud@ct.gov](mailto:DDS.ReportFraud@ct.gov)*

*Please mail form to DDS Compliance Office, 460 Capitol Avenue, Hartford, CT 06106*