

Recipient Name:

Today's Date/Initials:

OTDA Fraud Allegation Referral/Resolution Form

Dear Fraud Director:

The Program Integrity Unit of OTDA has received the attached information regarding possible program fraud. Please investigate the complaint and return your investigation results by:

Please return the results to: **Maria Schollenberger (518) 402-0127**

NYS OTDA A&QI/Program Integrity

Riverview Center, 4th Floor

40 N. Pearl Street

Albany, NY 12243

Maria.schollenberger@otda.state.ny.us

Fax Number: 518 402-0121

| | | | |
|---|---------------------------------|---------------------|-----------------|
| Recipient's Name | | | |
| Case Number/Type of Assistance | Recipient's City and Zip | County | Referral |
| Complaint | | | |
| Other Comments | | | |
| Complainant's Name, If Given, or Anonymous | Address or Email Address | Phone Number | |

Investigation Results:

- | | |
|---|--|
| <input type="checkbox"/> Investigation of this allegation resulted in closing of case | <input type="checkbox"/> IPV being pursued |
| <input type="checkbox"/> Investigation of this allegation resulted in rebudgeting of case | <input type="checkbox"/> IPV being pursued |
| <input type="checkbox"/> Investigation of this allegation resulted in no case action | |
| <input type="checkbox"/> Case was closed prior to receiving this allegation | |

Investigator Comments:

Investigator Name:

Date: