Boston Housing Authority
Fraud/Compliance Report Form

I. Person(s) Being Reported

Name: ___________________________________________________

Address: _________________________________ Apt/Unit: ________

City:  _______________________________ Zip:  _________________

Phone (if known):  ____________________

This person is a:  ____ Tenant
                 ____ Owner or Property Manager

Length of time activity has occurred: _________________

Describe the suspected fraudulent activity: (Please include the first name and last name of all person(s) involved, places, and date of events, employers if applicable and any other individuals that would be willing to speak to us or are aware of the situation.)
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(Use additional sheet if necessary)

II. Optional Information

Your name:  ____________________________

Please check one:  ____ Contact me by email - email address:  _________________
                  ____ Contact me by telephone
                      My daytime telephone number is:  ______________________
                      The best time to call me is between:  _____ and  _____
                  ____ Do not contact me

(For office use only) Date received:  _______________