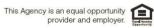


255 Iowa Ave SE ▲ PO Box 283 ▲ Huron, SD 57350

Phone: 605-352-1520 A Fax: 605-352-6382

hra@santel.net ▲ www.huronhousingauthority.com



FRAUD REPORT FORM

Please print legibly. Detailed, complete, and accurate information will improve our ability to respond to your allegation.		
Please provide a narrative of the allegation including: who is the primary person engaging in the alleged misconduct, who else is involved, what misconduct are you alleging, when did it happen, where did it happen, and how long has it been going on?		
1. If the complaint is regarding unauthorized people living in the unit, complete the following:		
Names of unauthorized residents. Adults:		
Is the unauthorized resident employed or receiving other income? [] YES [] NO If yes, where or what source of income?		
Does the unauthorized resident own a vehicle(s)? License plate number(s):		
Does the unauthorized resident receive mail at the address? [] YES [] NO [] UNKNOWN		
2. If the complaint is about unreported income, provide information regarding the amount and source of income:		
3. If the complaint is about drug or criminal activity, complete the following:		
Who is involved? [] Tenant [] Unauthorized Resident [] Other		
Have the police been involved? [] YES [] NO If yes, how?Have any arrests been made? [] YES [] NO If yes, who?		

	•	ormation concerning this misconduct, such as (1) a list	
the cor	nplaint; (2) the names and contac nal information; and (3) any othe	r evidence you or others may have that is relevant to ct information for other witnesses who could provide r information you believe may be relevant to the	
Signatu	re	Date	
Using t	he following list, please choose y	your filing status:	
		s not requested. If necessary, you may contact me for oot place any restrictions on the release of my contact ontact information below.	
	please keep my name confidential and do not share it. Our policy is to honor requests for confidentiality and not to release any data that would identify such individuals unless required to do so by order of law (e.g., court order/subpoena). Please fill out the contact information below.		
Name_		· · ·	
Addres	s		
Email _			
Phone_			
	Huro	ail/Fax/Drop Off form to: on Housing Authority 255 Iowa Ave SE Huron SD 57350	
		AX: 605-352-6382	
	Em	ail: hra@santel.net	
[] Phon	USE ONLY e Call [] Faxed [] Emailed ed [] Dropped off		
HHA Er	nployee Signature	Date Received	