

FALSE CLAIMS COMPLAINT FORM

The Office of Attorney General will review every complaint and contact the person who reports that a false or fraudulent claim for payment was submitted to the District of Columbia government. You may submit an anonymous complaint. **Please note however, that all information submitted to this office will remain confidential.** To discuss your complaint in more detail, the following information is needed:

Name: _____
Address: _____
Preferred Contact Method: Home: _____ Cell Phone: _____
Work: _____ Email Address: _____

Name of District Agency alleged to have been defrauded: _____

Name of entity alleged to have defrauded the District: _____

Name(s) of involved person(s):

Brief description of the facts:

Has there been a notification to any other individual/entity regarding this matter? Yes No

If so, provide name and when notification was made:

By submitting this information, I hereby attest to the accuracy or truthfulness of the content. Yes No

Signature: _____ Date: _____

Please print the completed complaint form and either fax it to the attention of the Public Advocacy Section at (202) 727-6546, or mail it to the below listed address:

Office of the Attorney General for the District of Columbia
Public Advocacy Section
441 4th Street, N.W., Ste. 650 North
Washington, DC 20001

Upon receipt of the complaint, you will be contacted within five (5) business days.