

**Metropolitan Boston Housing Partnership
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.)

(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: _____