

Benefit Fraud Investigation Team
Comhairle Nan Eilean Siar
Town Hall
Point Street
Stornoway
Isle of Lewis, HS1 2XF



Request for benefit investigation

If you suspect that someone is committing benefit fraud, please complete this form providing as much information as possible. Don't worry if you don't have all the answers, we will still consider the information you have provided and decide whether an investigation is appropriate.

All information is treated in the strictest confidence, but if you do wish to give your name and address you can do so, see section 7. Please state whether or not you would like to be contacted for further information.

Date	
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Section 1: Where did you hear about us

1. To enable us to monitor the effectiveness of our advertising campaign, can you tell us where you heard about the Fraud section:

Section 2: Type of Fraud

2a. What type of benefit fraud do you think is being committed?

2b. When do you think they started committing benefit fraud?

2c. What makes you think that benefit fraud is being committed?

2d. Which benefits are involved?

Section 3: Who do you suspect of benefit fraud?

	Claimant	Partner
3a. Surname/Family name	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>
Other names, nicknames, aliases	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Approximate age/Date of Birth	<input type="text"/>	<input type="text"/>
National Insurance Number (If known)	<input type="text"/>	<input type="text"/>

3b. Appearance of person claiming benefit	Claimant	Partner
Build	<input type="text"/>	<input type="text"/>
Eye Colour	<input type="text"/>	<input type="text"/>
Eye Wear	<input type="text"/>	<input type="text"/>
Hair Colour	<input type="text"/>	<input type="text"/>
Hair Length	<input type="text"/>	<input type="text"/>
Hair type/style	<input type="text"/>	<input type="text"/>

Other information about their appearance? (Accent/style of clothing, jewellery)

<input type="text"/>	<input type="text"/>
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Section 4: Their employment

Claimant

Partner

4a. Are they working

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4b Employer's name

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4c Employers address

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4d Occupation

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4e How long have they been working?

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4f Which days do they work?

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4g How many hours do they work?

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4h What time do they leave for work each day?

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4i What time to they return from work each day?

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4j Does their employer know they are fraudulently claiming benefit?

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4k Other details about their work (do they wear a uniform, transport etc)

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Section 5: Vehicles

Claimant

Partner

a. Make and model

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Registration No.

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Colour

--	--

Other features (rust, dents, always clean, distinctive car, stickers etc.)

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Section 6: Other details

a. Is there anything else you think we should know?

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Section 7: About you

The information you have provided is strictly confidential. You do not need to tell us who you are, but if you would like an investigator to contact you for more information, please tell us.

Your name

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Your telephone number

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Your e-mail address

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