



OIG HOTLINE FACSIMILE SUBMISSION



OFFICE OF INSPECTOR GENERAL OFFICE OF INVESTIGATIONS OIG HOTLINE OPERATIONS

Number of Pages	
Your Fax #	

Complainant Information

Your Name	
Telephone Number	

Subject/Provider Information

Name (First/Last or Business)	
Type of Provider	
Address	
City, State, Zip Code	
Telephone #	
Email/Internet address	

Brief Description of Complaint (Please submit any additional information & documents)

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