## REFERRAL REPORT OF POTENTIAL FRAUD

Subject of Refer	ral
------------------	-----

NAME (LAST, FIRST, M	MIDDLE INITIAL)	S.S.# (	S.S.# (IF AVAILABLE)  PHONE # (IF AVAILABLE)	
STREET ADDRESS		PHON		
CITY/TOWN	STATE ZIP	RETIREMENT BOARD OF RI	RETIREMENT BOARD OF RETIREE	
<b>Allegation</b> Please give a brief de 	escription of the allegation.			
<b>Optional</b> If we need more info	rmation, may we contact yo	pu?		
NAME (LAST, FIRST, MIDDLE INITIAL)		PHONE #		
 Streét address		CITY/TOWN	STATE ZIP	
If you prefer to mak at <b>1-800-445-3266</b>		please call the PERAC Pension	Fraud Hotline	
For PERAC Use Oi	nly			
RECEIVED BY		DATE		



Commonwealth of Massachusetts | Public Employee Retirement Administration Commission

Five Middlesex Avenue, Third Floor, Somerville, MA 02145 ph 617 666 4446 | fax 617 628 4002 | tty 617 591 8917 | web www.mass.gov/perac