




255 Iowa Ave SE ▲ PO Box 283 ▲ Huron, SD 57350

Phone: 605-352-1520 ▲ Fax: 605-352-6382

hra@santel.net ▲ www.huronhousingauthority.com

This Agency is an equal opportunity provider and employer. 

### FRAUD REPORT FORM

Please print legibly.

Detailed, complete, and accurate information will improve our ability to respond to your allegation.

Please provide a narrative of the allegation including: who is the primary person engaging in the alleged misconduct, who else is involved, what misconduct are you alleging, when did it happen, where did it happen, and how long has it been going on?

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1. If the complaint is regarding unauthorized people living in the unit, complete the following:

Names of unauthorized residents. Adults: \_\_\_\_\_  
Minors: \_\_\_\_\_

Is the unauthorized resident employed or receiving other income?  YES  NO If yes, where or what source of income?

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Does the unauthorized resident own a vehicle(s)? License plate number(s): \_\_\_\_\_

Does the unauthorized resident receive mail at the address?  YES  NO  UNKNOWN

2. If the complaint is about unreported income, provide information regarding the amount and source of income: \_\_\_\_\_  
\_\_\_\_\_

3. If the complaint is about drug or criminal activity, complete the following:

Who is involved?  Tenant  Unauthorized Resident  Other \_\_\_\_\_

Have the police been involved?  YES  NO If yes, how? \_\_\_\_\_

Have any arrests been made?  YES  NO If yes, who? \_\_\_\_\_

4. Please provide any additional information concerning this misconduct, such as (1) a list or description of any documents or other evidence you or others may have that is relevant to the complaint; (2) the names and contact information for other witnesses who could provide additional information; and (3) any other information you believe may be relevant to the complaint.

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Signature

Date

**Using the following list, please choose your filing status:**

- Confidentiality and Anonymity is not requested.** If necessary, you may contact me for additional information and I do not place any restrictions on the release of my contact information. Please fill out the contact information below.
- I wish to remain Confidential:** You may contact me for additional information, but please keep my name confidential and do not share it. Our policy is to honor requests for confidentiality and not to release any data that would identify such individuals unless required to do so by order of law (e.g., court order/subpoena). Please fill out the contact information below.
- I wish to remain Anonymous:** If you choose to remain anonymous, it is not necessary to fill out the contact information. It is important to note that we will not be able to contact you if we need additional information about your complaint.

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Mail/E-mail/Fax/Drop Off form to:

Huron Housing Authority

255 Iowa Ave SE

Huron SD 57350

FAX: 605-352-6382

Email: hra@santel.net

**OFFICE USE ONLY**

Phone Call     Faxed     Emailed

Mailed         Dropped off

\_\_\_\_\_  
HHA Employee Signature

\_\_\_\_\_  
Date Received