**OIG HOTLINE**

**FACSIMILE SUBMISSION**

**OFFICE OF INSPECTOR GENERAL**

**OFFICE OF INVESTIGATIONS
OIG HOTLINE OPERATIONS**





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| **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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