**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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