

REPORT FRAUD TO THE UHCW'S LOCAL COUNTER FRAUD SPECIALIST

(Please use a separate referral form for each individual / company reported)

Please complete this form to the best of your knowledge. The information you provide will enable the Local Counter Fraud Specialist to evaluate the allegation to determine if this relates to NHS fraud/bribery/corruption, and commence initial enquiries. Where you are not able to complete any part of this form, please insert 'not known'.

Any information provided will be treated in the strictest confidence.

Email to the UHCW's nominated Local Counter Fraud Specialist via Malcolm.taylor4@nhs.net or antifraudteam@cwaudit.org

SECTION A			
Who does the alleged fraud relate to?			
Please delete as appropriate?			
Patient Please complete Section B, C Part 1 & 3	Yes / No	UHCW Staff Please complete Section B and C (in Full)	Yes / No
Member of the Public Please complete Section B, C Part 1 & 3	Yes / No	Company or Supplier Please complete Section B, C and D	Yes / No

SECTION B	
Reporting Person (s) Contact Details (So we can get in touch with you to discuss your concerns)	
Name	
Organisation and Department	
Site address:	
How can we get in touch with you?	(Please do provide at least a telephone number or valid email address)

SECTION C	
Person the alleged fraud relates to <i>Please complete as much information as known.</i>	
PART 1	
Name	
Address	
Date of birth	
National Insurance Number	

SECTION C	
Person the alleged fraud relates to <i>Please complete as much information as known.</i>	
Telephone number and e-mail address	
Period of fraud. Is the fraud still occurring?	
PART 2	
If relates to UHCW staff, please complete	
Where they work?	(Organisation, Department and site)
Job role	
Full time / Part time	(including hours and shifts if known, and if relevant to allegation)
PART 3	
Please provide information and concerns of fraud	
Suspicion / allegation	
Estimated Value of fraud (if known)	

SECTION C	
Person the alleged fraud relates to <i>Please complete as much information as known.</i>	
Are there any witnesses or people who can provide additional details?	 (Please give names and contact details and any relevant information)
Is there any evidence you have or you believe can support the allegation?	 (Please provide details)

Please send/attach any available information that supports your suspicion.

Signed.....

Date.....

SECTION D	
Company the alleged fraud relates to <i>Please complete as much information as known</i>	
PART 1	
Company name	
Company number and registered address	
Services supplied by company to the CCG	
CCG Site address services/works supplied at:	
Company telephone number and e-mail address	
Director name	(Please also complete Section C, Part 1)
Members or persons working for the company related to the allegation	(Please also complete Section C, Part 1)

PART 2	
Please provide information of concerns of fraud	
Suspicion / allegation	
Are there any witnesses or people who can provide additional details?	(Please give names and contact details and any relevant information)
Is there any evidence you have or you believe can support the allegation?	(Please provide details)

Please send/attach any other available information that supports your suspicion.

Signed.....

Date.....

The Local Counter Fraud Specialist will undertake to acknowledge receipt of this referral direct to you within 5 working days unless otherwise requested.