

## **Suspected Fraud Appeal Form**

Provider/Client/Recipient Name:	
Provider/Client/Recipient Address:	
Please provide a detailed explanation of the reclearly describe the nature of the error you be documentation that supports your claim. You needed.	elieve was made and include any
Client/Recipient Signature	Date

Appeals must be submitted to the Early Learning Coalition by email, or hand delivered. Your appeal will be reviewed within 14 calendar days of receipt. You will receive written notification of the Coalition's decision via certified mail (return receipt requested) and email.

Early Learning Coalition of Pasco and Hernando Counties, Inc.
Attention: Compliance & Fraud Analyst
12107 Majestic Blvd. Hudson, FL 34667