



Suspected Fraud Referral

Reported by:

Individual Provider Coalition/Contractor Dept. of Early Learning Anonymous

Name:

Date:

Email:

Phone:

Complaint Against:

Individual Provider Coalition/Contractor Dept. of Early Learning Anonymous

Name:

Street Address:

City:

Zip Code:

Email:

Phone:

Child Care ID #:

Details of suspected fraud being committed:

Submit form to fraud@elcph.org