

Iowa Department of Human Services
Fraud Complaint Referral

FROM: Income Maintenance Customer Service Center
CSC Worker Number: _____

TO: _____ County DHS Office
_____, IM
_____, Supervisor
_____, IMA Service Area ____

DATE:

RE:

Identifying Info:

Program(s):

Allegation(s):

DUE DATE:

Please check the appropriate response below and forward the completed template via email back to the sender at the CSC by the due date, with an electronic copy to your IM Sup and IMA.

- 1. No referral to DIA because:
- 2. Referral sent to DIA on form 470-2998, Referral for Front-End Investigation on
- 3. Completed an Overpayment Recovery Information Input, form 470-0464 on _____ in the amount of _____.

IMPORTANT: File a paper copy of this referral in the case record.

THIS MESSAGE CONTAINS CONFIDENTIAL INFORMATION FOR THE DEPARTMENT OF HUMAN SERVICES. UNAUTHORIZED USE OR DISCLOSURE IS PROHIBITED.