



Alaska Department of Law Medicaid Fraud Control Unit
 Office of Special Prosecutions
 310 K Street, Suite 308 Anchorage, AK 99501
 Hotline: 1-907-269-6279 | Fax: 1-907-269-6202 | lawmfcu@alaska.gov

Medicaid Fraud / Elder Abuse Complaint Form

Please save this form to your computer **BEFORE** filling it out. Email completed forms to lawmfcu@alaska.gov. If you have any questions or require assistance filling out this form, please call the Medicaid Fraud Hotline at 1-907-269-6279.

Your Information

Current Date:		
Last Name:	First Name:	
Address:		
City:	State:	Zip Code:
Phone:	Alternate Phone:	
Email:	Fax:	

To Report Medicaid Fraud; or Elder Abuse, Neglect or Financial Exploitation:

Provider:	Phone:	
Victim's Last Name:	Victim's First Name:	
Victim's Phone:		
Suspect/Provider's Last Name:	Suspect/Provider's First Name:	
Suspect/Provider's Phone:		
Witness's Last Name:	Witness's First Name:	
Witness's Phone:		
Facility:		
Address:		
City:	State:	Zip Code:
Phone:	Website:	
Names and case numbers of other agencies contacted:		

Definitions

Suspect: person or entity suspected of a crime.

Victim: the person who is deceived or cheated by the dishonesty of others, or by some impersonal agency, a person who suffers from a destructive or injurious action or agency.

Witness: to see, hear, or know by personal presence and perception of the crime.

Details

Details of Medicaid Fraud; or Elder Abuse, Neglect, or Exploitation (including amount of loss, if applicable):

Please attach any supporting documentation you may have to the email, fax, or mail in complaint form. If you need any assistance with this please call our hotline at 907-269-6279.