 **Referral Form**

**Referral Form:** *(Note: This referral may be made anonymously, however, it is helpful if you can provide at least a telephone contact number so that contact might be made to clarify details if necessary. This number will not be used to attempt to identify you).*

|  |  |
| --- | --- |
| **NAME:** |  |
|  |  |
| **ORGANISATION/PROFESSION:** |  |
|  |  |
| **ADDRESS:** |  |
|  |
|  |  |
| **TEL. NO:** |  |

**The alleged fraud, corruption or bribery relates to:**

|  |  |
| --- | --- |
| **NAME:**  |  |
|  |  |
| **ADDRESS:**  |  |
|  |  |
| **DATE OF BIRTH:**  |  |
| **SUSPICION** |
|  |
| **DETAILS** |
|  |
| **POSSIBLE USEFUL CONTACTS**  |
|  |

***PLEASE ATTACH ANY AVAILABLE EVIDENCE OR ADDITIONAL INFORMATION***

|  |  |
| --- | --- |
| **Signed:**  | **Date:**  |
| **…………………………………………** | **…………………………………………………** |

Please return this form, marked **private and confidential** to:

360 Assurance Counter Fraud Service.

Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY

Mobile: 07920 138323or email to the Counter Fraud Specialist at amanda.smith61@nhs.net.