



**City and County of Honolulu  
Public Housing Agency  
Fraud/Compliance Report Form**

**I. Person(s) Being Reported**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (if known): \_\_\_\_\_

This person is a: \_\_\_\_\_ Tenant  
\_\_\_\_\_ Owner or Property Manager

Approximate Length of Time Activity has Occurred: \_\_\_\_\_

Describe the suspected fraudulent activity: (Please include the first name and last name of all person(s) involved, places, and date of events, employers if applicable and any other individuals that would be willing to speak to us or are aware of the situation.)

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(Use additional sheet if necessary)

**II. Optional Information**

Your Name: \_\_\_\_\_

Please check one: \_\_\_\_\_ Contact me by email – email address: \_\_\_\_\_

\_\_\_\_\_ Contact me by telephone

My daytime telephone number is: \_\_\_\_\_

The best time to call me is between: \_\_\_\_\_ and \_\_\_\_\_

\_\_\_\_\_ Do not contact me

(For office use only) Date received: \_\_\_\_\_