

**CACFP Toll-Free Reporting Hotline – 1-800-942-3858 (Select Option 3)**

Name of Reporting Party \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of individual or organization being reported \_\_\_\_\_

Address \_\_\_\_\_

Sponsor Number \_\_\_\_\_ Center Number \_\_\_\_\_ Provider Number \_\_\_\_\_

Description of suspected fraud or abuse:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Complaint received by \_\_\_\_\_  
NAME/TITLE

\_\_\_\_\_  
BUSINESS ADDRESS & PHONE

**FAX** this form to: (518) 402-7252  
and also  
**MAIL** it to: NYS DOH Child and Adult Care Food Program, Fraud Unit, 150 Broadway Suite 650, Albany, NY 12204.

This institution is an equal opportunity provider.