



Alaska Department of Law Medicaid Fraud Control Unit
Office of Special Prosecutions and Appeals
310 K Street, Suite 300 Anchorage, AK 99501
Hotline: 1-907-269-6279 | Fax: 1-907-269-6202 | medfraud@alaska.gov

Medicaid Fraud / Elder Abuse Complaint Form

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

To Report Medicaid Fraud:

Provider:	Phone:	
Address:		
City:	State:	Zip Code:
Details of Medicaid fraud:		
Names and case numbers of other agencies contacted:		

To Report Elder Abuse, Neglect or Financial Exploitation:

Victim's Last Name:	Victim's First Name:	
Victim's Phone:		
Suspect's Last Name:	Suspect's First Name:	
Suspect's Phone:		
Witness's Last Name:	Witness's First Name:	
Witness's Phone:		
Facility:		
Address:		
City:	State:	Zip Code:
Phone:	Website:	
Details of Abuse, Neglect, or Exploitation (including amount of loss, if applicable):		