

## State of New Jersey • Department of the Treasury

## PENSION FRAUD AND ABUSE UNIT

P.O. Box 294, Trenton, NJ 08625-0294

## **INFORMATION REFERRAL**

## PART 1 — INFORMATION ABOUT THE PERSON YOU ARE REPORTING

Name of Subject		[	Date of Birth
Street Address	City	State	Zip
Former Occupation and Place of Employment			
Address			
Current Occupation and Place of Employment			
Address			
PART 2 — DESCRIBE THE ALLEGED FRA	UD OR ABUSE (ATTACH ADD	ITIONAL SHEETS A	S NEEDED.)
Documents available (if any)			
PART 3 — INFORMATION ABOUT YOU			
We do not share this information with the perso but it is essential if we do have a question or re			process your report
Your Name	Email Address	Phone Number	Best Time to Call
Street Address	City	State	Zip
You may submit this referral by email to pe	nsion.fraud@treas.nj.gov, by fa	k to (609) 777-0404 o	r mail it to:
	Department of the Treasury ension Fraud and Abuse Unit P.O. Box 294 Trenton, NJ 08625-0294		
	FOR NJDPB USE ONLY		
Intake Officer's Name	Subject's Membership N	Subject's Membership No. or Retirement No. Date	