

Housing Authority of the County of Cook
Quality Control Dept.
175 W. Jackson Blvd. Chicago IL 60604

Phone: (312) 542-4750
Fax: (312) 663-1907
Email: fraud@thehacc.org

Fraud/Program Abuse Report Form

Person (s) Being Reported:

Name: _____
Address: _____ Apt. /Unit: _____
City: _____ Zip: _____
Phone (if known): _____

This person is a:

- Owner, Landlord, or Apartment Manager
- Tenant (voucher #, if known): _____
- HACC Employee

Fraud Being Reported:

Approximate date suspected fraud began: _____

Is the fraudulent activity still occurring? Yes No

Fraudulent activity occurred/occurring (Please Describe)

(Use additional sheets if necessary)

Optional Information:

Your name: _____

Contact Me by E-Mail
Email address: _____

Contact Me by Telephone
My primary telephone number is: _____
The best time to call me is between: _____ and _____

Do Not Contact Me