

FRAUD WASTE or ABUSE REPORT

DATE

OPTIONAL INFORMATION

NAME or ALIAS:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

ENVIRONMENT INFORMATION

AGENCY

DIVISION

REPORT DESCRIPTION

Where in the agency did the incident occur:

What exactly is the problem:

Any other comments that will help identify or solve the problem:

FOR INTERNAL USE ONLY

VERIFIED
UNABLE TO VERIFY
NEED MORE INFO

COMMENTS/RESOLUTION:

PR NO:

PRIORITY:

DATE ASSIGNED:

ASSIGNED TO:

RESOLVED: **NO** **YES**

ECD: