Fraud, Waste, and Mismanagement Reporting Form

Legislative Audit Bureau

22 East Mifflin Street, Suite 500 Madison, WI 53703 (608) 266-2818 • Website: www.legis.wisconsin.gov/lab

STATE AGENCY/PROGRAM INVOLVED -

Agency:

Location/Division(s):_____

Program(s):_

SUSPECTED PROBLEM

Please describe the suspected problem, providing as much detail as you can. Attach additional sheets if necessary.

Whenever possible, include the names of individuals, departments, and programs, as well as position titles, addresses, telephone numbers, and other information to assist in following up. For example:

Fraud Hotline

1-877-FRAUD-17

1-877-372-8317

- WHO Who acted inappropriately?
 Who witnessed or who could confirm the activity, and how can we reach these individuals?
- WHAT
 What laws, policies, or procedures were violated?
 If state funds are involved, what is the amount?
- WHEN When did the inappropriate activity occur?
 - When did you become aware of it?
- **WHERE** *At what location did the activity occur?*
 - Where could we find evidence?
 - How id the issue come to your attention? Did you observe it?
 Do you know the individuals involved?
 - **WHY** Why do you believe that the problem occured?

OTHER ACTION TAKEN –

Have you or anyone else notified others of your concern? \Box Yes \Box No

If so, who was notified?

What was the response?

YOUR RELATIONSHIP TO SUSPECTED PROBLEM -

Information on your relationship to the suspected problem or persons involved can help us understand your concern. Please select the option that best describes you.

□ Current or Former State Employee □ Other Public Employee

 \Box Vendor or Contractor

□ Citizen

Other (please specify)

CONTACT INFORMATION (OPTIONAL)

You may remain anonymous, and the law requires us to protect the identity of informants even when information related to our follow-up is made public. However, we will not initiate a review without adequate cause, and anonymous allegations that do not include sufficient information will not be pursued.

Name:

Telephone:

Best time to contact: _____

□ If you are enclosing documents or other evidence related to your concern, please check the box.

Fraud, Waste, and Mismanagement Hotline Legislative Audit Bureau = 22 East Mifflin Street, Suite 500 Madison, WI 53703