Fraud, Waste, and Mismanagement Reporting Form

Legislative Audit Bureau
22 East Mifflin Street, Suite 500 ■ Madison, WI 53703
(608) 266-2818 ■ Web site: www.legis.wisconsin.gov/lab

STATE AGENCY/PROGRAM INVOLVED

Agency: _____

Location/Division(s): _____

Program(s): _____

Fraud Hotline

1-877-FRAUD-17

1-877-372-8317

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:

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
- *How did 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? ☐ Yes ☐ 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

☐ 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.

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