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

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? \square Yes \square 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:
\Box If you are enclosing documents or other evidence related to your concern, please check the box.

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