

INSTRUCTIONS:

Complete this form to the extent possible, print, and mail it to our Fraud Investigation Section using the address at the end of the form. You can attach additional pages, if necessary, to complete your responses. Once received by our office, the information you provide will be handled in the most confidential manner allowed by law.

* Required fields.

1. What type(s) of fraud, waste, or abuse are you reporting? (Check all that apply.)*

Fraud:

- | | |
|---|--|
| <input type="checkbox"/> Theft or Misuse of State Resources | <input type="checkbox"/> Public assistance |
| <input type="checkbox"/> Purchasing or procurement | <input type="checkbox"/> Work injury |
| <input type="checkbox"/> Corruption (bribery/kickback) | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Contract or grant management | <input type="checkbox"/> Health care |
| <input type="checkbox"/> Financial statement | |

Other:

Waste:

- (Intentional or unintentional, thoughtless, or careless expenditure, consumption, mismanagement, use, or squandering of State resources. Waste also includes incurring unnecessary costs because of inefficient or ineffective practices, systems, or controls.)

Abuse:

- (*Government Auditing Standards* defines abuse as behavior that is deficient or improper when compared with behavior that a prudent person would consider reasonable and necessary business practice given the facts and circumstances. Abuse also includes misuse of authority or position for personal financial interests or those of an immediate or close family member or business associate.)

2. Which State government agency or entity is involved in your allegation?*

- | | |
|--|--|
| <input type="checkbox"/> Agriculture and Rural Development | <input type="checkbox"/> Military and Veterans Affairs |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Secretary of State |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> State Police |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Talent and Economic Development |
| <input type="checkbox"/> Education | <input type="checkbox"/> Technology, Management, and Budget |
| <input type="checkbox"/> Environmental Quality | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health and Human Services | <input type="checkbox"/> Treasury |
| <input type="checkbox"/> Insurance and Financial Services | <input type="checkbox"/> Other State government agency or entity: |
| <input type="checkbox"/> Judiciary | <div style="border: 1px solid black; height: 30px; width: 400px;"></div> |
| <input type="checkbox"/> Legislature | |
| <input type="checkbox"/> Licensing and Regulatory Affairs | |

3. Does your allegation involve an individual person or entity doing business with a State agency, such as a contractor or grant recipient?*

- Yes No

4. Name and position of the person(s) involved in the inappropriate activity:

5. When did the suspected loss or inappropriate activity occur?

6. Do you believe the suspected loss or inappropriate activity is still occurring?*

Yes No

7. What is the suspected amount of loss, if any?

8. Use as much detail as possible to describe the activity that you believe was inappropriate (include what, where, why, and how): *

9. Please identify any specific law, rule, or other standard you think this activity violated:

10. When and how did this activity come to your attention?

11. Do you have any documentation or evidence to provide that supports your allegation?*

Yes No

Documentation can be invoices, vouchers, receipts, payroll records, etc. Describe the specific items we should review and provide copies. Copies may be attached to this completed form and mailed to the address at the end of the form.

12. Has your allegation been reported to any other individuals or entities, such as department management, a law enforcement agency, a lawyer, or others?*

Yes No

If yes, please provide the name of the individual or entity, date filed, tracking number (if available), and status to date or outcome (if known):

13. Please provide identifying information for anyone else who may have witnessed or be aware of the incidents being described (name, e-mail address, phone number, etc.):

14. If there is any other information useful to our review of your allegation that has not already been submitted, please provide it below:

Optional Information About You:

First Name: _____ Last Name: _____

Phone: _____ E-mail: _____

Street Address: _____

Address Line 2: _____

City, State Zip Code: _____

What is the best time frame for us to contact you if we need to?

Morning Evening
 Afternoon Specific time frame: _____

What is the best method for us to contact you if we need to?

Phone E-mail Letter

You can also file an allegation with the Office of the Auditor General by calling (517) 334-8060, Ext. 1650 or by completing the Fraud/Waste/Abuse Allegation Form and submitting it online.

If mailing this form, please send to:

Office of the Auditor General
Fraud Investigation Section
201 N. Washington Square, Sixth Floor
Lansing, MI 48913