

LIHEAP FRAUD REPORTING

Please print this form and complete. Send or fax to:

Fax (707) 445-8479

Or Mail to:

Fraud Alert – Confidential

NCIDC

241 F Street

Eureka, CA 95501

Date: _____

* **Name:** _____

*Address: _____

*City, State Zip: _____

*Phone Number: (____) _____

*E-mail address: _____

*** A name is required and one way to contact you is also required: an address where you can be reached, a phone number or an e-mail address.**

Without sufficient information we may not be able to act on your allegations. Therefore, in order to help us investigate your concerns properly, please provide as much information as possible. Use additional pages if needed and please write legibly. We are very interested in the information you have regarding the suspected misconduct, fraud, waste, abuse, or mismanagement in NCIDC's LIHEAP.

1. What happened?

2. Who committed the wrong doing? (this could be only one person or several)

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Attachment 4

3. As far as you know, were they acting alone? If not please list names of everyone involved.

4. What part did the individual/s listed above play in the suspected fraud and how were these individuals able to perform the alleged activity?

5. When did the alleged activity take place (day, date and time)?

6. Where did the alleged activity take place (Street address, City, State Zip)?

7. Witnesses, is there anyone else who can verify the allegations?

8. Please provide any other information that will help us in our investigation: