

**SCHENECTADY COUNTY
FRAUD, WASTE AND ABUSE REPORTING FORM**

COMPLAINANT CONTACT INFORMATION

I wish to remain (choose one):

- Anonymous
- Confidential
- No Restriction

How may we contact you? (Do not complete if you wish to remain anonymous.)

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

E-Mail: _____

SUSPECTED FRAUD, WASTE, ABUSE COMPLAINT

1. Name(s) of the individual(s) suspected of fraud, waste, or abuse:

2. Department(s) involved in the suspected fraud, waste, or abuse:

3. Description of the suspected fraud, waste, or abuse in as much detail as possible. Include such things as: the date alleged activity first occurred, if the alleged behavior is still occurring, if you notified a supervisor/manager or any other personnel or law enforcement about this allegation:

4. What type of documentation are you able to provide in support of this report of fraud, waste and abuse? (Examples: copies, photos, schedules, etc.)

5. Names of witnesses or others who may have knowledge of this allegation:

6. How did you become aware of the incident(s)? (Examples: witnessed firsthand, heard it from another person, etc.)

7. Are you willing to be interviewed regarding these allegations?

8. Today's date: _____

9. If necessary, please attach additional pages regarding this complaint.

MAIL THIS COMPLETED FORM TO:
SCHENECTADY COUNTY
ATTN: FRAUD, WASTE AND ABUSE
620 STATE STREET – SIXTH FLOOR
SCHENECTADY, NY 12305

OR FAX TO:
SCHENECTADY COUNTY MANAGER/
SCHENECTADY COUNTY AUDITOR
518.388.4590

OR E-MAIL TO:
FRAUD@SCHENECTADYCOUNTY.COM