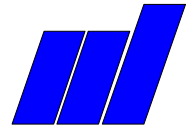


FRAUD ALLEGATION FORM

City Auditor's Office



1 Briefly describe the events or circumstances that you believe represent fraud, waste, or abuse.

2 These events occurred on (enter Date or Dates) at (enter Location).

3 List the Names of other persons who can support your description of events or provide other information about these circumstances.

4 Name of the Person(s) who you believe acted wrongly or inappropriately and the City Department(s) where these individuals work.

5 These events or circumstances could represent a violation of (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> City Policy | <input type="checkbox"/> City Charter |
| <input type="checkbox"/> City Ordinance | <input type="checkbox"/> State Law/Regulation |
| <input type="checkbox"/> Federal Law/Regulation | <input type="checkbox"/> Other: |

6 How can we contact you? **(This information is optional)**. If you prefer to NOT give us your contact information, it will be your responsibility to contact us frequently in case we have additional questions or need additional information.

NAME:

PHONE:

E-MAIL: