

ALAMEDA COUNTY WORKFORCE INVESTMENT BOARD
Incident Report for Fraud, Criminal Activity, Mismanagement or Waste

1. Name of Person Completing Report: _____	
2. Date: _____	3. Date ACWIB forward to: A. CRD: _____ B. OIG: _____
4. Type of Report (check one) <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Final <input type="checkbox"/> Other [specify] _____	5. Type of incident (check one) <input type="checkbox"/> Conduct violation <input type="checkbox"/> Criminal violation <input type="checkbox"/> Program violation <input type="checkbox"/> Mismanagement or Waste
6. Allegation against (check one) <input type="checkbox"/> Contractor <input type="checkbox"/> Program Participant <input type="checkbox"/> Other [(specify), give name and position of employee(s), list telephone number, Social Security account number, if applicable, and other identifying data.]	
7. Location of incident [give complete name(s) and addresses of organization(s) involved]	
8. Date and time of incident/discovery [date, time]	
9. Source of complaint (check one) <input type="checkbox"/> Audit <input type="checkbox"/> Contractor <input type="checkbox"/> Program Participant <input type="checkbox"/> Public <input type="checkbox"/> Investigative Law Enforcement Agency [(specify)] _____ <input type="checkbox"/> Other [(specify)], give name and telephone number so additional information can be obtained.]	
10. Contacts with law enforcement agencies [specify name(s) and agency contacted and results]	
11. Persons who can provide additional information [(include custodian of records) name, position or job title, employment, local address (street, city and state) or organization, if employed and telephone number]	
12. Details of incident [describe the incident (use additional sheets of paper if necessary)]	
<p>The ACWIB will forward copies to the Alameda County Board of Supervisors, 1221 Oak Street, Suite 536, Oakland, CA 94612; Compliance Review Division, MIC 22M, Attention: Compliance Resolution Unit, Employment Development Department, P.O. Box 826880, Sacramento, CA 94280-0001; Office of Inspector General, Dept. of Labor, 200 Constitution Avenue NW, Rm. S-5506, Washington, D.C. 20210.</p>	