

# SKILLSOURCE REGIONAL WORKFORCE BOARD

## Fraud and Abuse Report Form

Date: _____	
Person Completing Report: _____	
Phone #: _____	Email: _____
Person reporting F&A: _____	Date: _____
Phone#: _____	Email: _____

### Incident Details

What was the nature of the F&A incident?

How did the incident happen?

When did this incident occur?

Who are the parties suspected of committing the F&A?

Were the parties involved directly related to the program funds affected?

Where did the incident take place?

How did you discover the issue?

How much funds were involved?

Were WIOA funds involved and if so how much?

Any other pertinent details to this incident not yet addressed?

### Follow Up Actions

Have authorities/law enforcement been notified? \_\_\_\_\_

Date: \_\_\_\_\_

*Submit copies of policies reports and documentation if applicable.*

Are the funds recoverable?

If so, what are the steps for recovery and have they begun?

Are other agencies involved with the incident and recovery activities?

If so what are the other agencies and who is the person to contact regarding this incident?

ESD Audit Resolution Team notified?

Person Notified: \_\_\_\_\_

Date: \_\_\_\_\_

State Auditor's Office notified?

Person Notified: \_\_\_\_\_

Date: \_\_\_\_\_

Other Agencies notified?

Person Notified: \_\_\_\_\_

Date: \_\_\_\_\_

### Final Resolution of Incident

Date of final resolution or recovery of funds? \_\_\_\_\_

How much funds were recovered? \_\_\_\_\_

What was the outcome to the parties involved? \_\_\_\_\_

What measures have been taken to address the potential for other F&A of this nature? \_\_\_\_\_