

BGSU **BGSU Report of Fraud, Waste, and Abuse**

Type or complete in ink and return this form to:

Office of Internal Auditing and Advisory Services
911 Administration Building
Bowling Green State University
Bowling Green, Ohio 43403
Telephone: 419-494-1962
Email: melhuds@bgsu.edu

1. Name of the person(s) you are reporting. _____
2. Name of the agency/department in which that person works.

3. Please provide a summary of the alleged fraud, waste and/or abuse that you are reporting.

Please attach a separate narrative if necessary, as well as **documentation to support your claim.**

4. Provide information on relevant witnesses, if any, including email, telephone and/or the best way to get in touch with them.

Witness #1 Name: _____

Witness #1 Email: _____

Witness #1 Ph.#: _____

Witness #2 Name: _____

Witness #2 Email: _____

Witness #2 Ph.# : _____

Additional information concerning these witnesses:

Please attach a separate list or narrative if necessary.

5. If possible, please provide dates (month, day, year) that the alleged activity occurred. _____

6. Please explain why you believe the person you are reporting has committed these acts *knowingly, willingly and intentionally* .

7. We would like to know how the alleged activities came to your attention (if you have not already done so in the summary); however, this is optional for you to report this.

8. Please provide any other information you may find relevant.

9. We will not document information concerning your name if you wish to remain anonymous; however, if you do not want to be anonymous please provide your name, phone number and email.

Your Name: _____

Your Ph.#: _____

Your Email: _____

*If you decide to remain anonymous, please contact us within two weeks of your report, because we may need additional information concerning the alleged activities reported by you. Thank you.