

CONFIDENTIAL INFORMATION

Any information reported on this form is confidential and will be kept confidential by Internal Audit in order to maintain the integrity of the Fraud, Waste & Abuse Hotline reporting and investigation process. Because this form, when completed, contains investigative notes and information furnished in confidence to Internal Audit, the completed form and its contents are excluded from mandatory disclosure under the Virginia Freedom of Information Act. Virginia Code § 2.2-3705.3(7); 2.2-3700 et seq.

Reporting Method: Choose an item.	Source: Choose an item.	Allegation: Choose an item.	Disposition: Choose an item.
Subject of Call: Choose an item.	Entity: Choose an item.	Auditor: Choose an item.	Project Number:

OFFICE/INTERNAL AUDIT USE ONLY

COUNTY OF HANOVER
Fraud, Waste & Abuse Reporting

Please complete the following information and send the completed form to the Internal Audit Department.

- Email to internalaudit@hanovercounty.gov
- Mail to Internal Audit Department, P.O. Box 470, Hanover, VA 23069-0470
- Fax to (804) 365-6878

Date of Report:	
Location of Incident:	

Details of the incident(s) (who, what, where, when, how, etc.):

Please list any suspected person(s) involved or having knowledge of incident in as much details as possible (such as names, departments, positions, contact information, etc.):

What is the approximate dollar amount involved in the incident?

Please describe any evidence you have in as much details as possible (documents, photographs, etc.) Also, include relevant ID numbers such as vehicle tag #, car make/model and equipment #:

How did you become aware of the incident(s)? (Examples: witness first hand; heard it from another person, etc.)

Please provide any other information that could assist our investigation:

We treat all information received on the Fraud, Waste and Abuse Hotline as confidential. If you wish to remain completely anonymous, you may skip this section; however, we encourage you to provide this information in case we need to contact you for further information to aid in the investigation.

Your name:		Your email address:	
Your phone number:		Your department/title:	