



BOARD OF EDUCATION OF HARFORD COUNTY
Office of Internal Audit

Fraud, Waste or Abuse Reporting Form

Please return this form to the Internal Auditor's Office by email, mail, or in person.

Tell us about the problem

Please complete the form below including as many details as possible. To correctly review your allegation, it is important to provide as many details as possible, including who, what, when, where, why and how.

Type of Suspected Fraud Waste or Abuse:

- Computer Misuse, Falsifying records, Misuse of equipment, Payroll fraud, Contracts, Insurance fraud, Safety, Payroll abuse, Procurement violation, Theft, Personnel fraud, Other (describe below)

HCPS Department or School:

Name of Person, if known:

When did it occur?

- Estimated Amount of Loss: \$0-\$500, \$500-\$1,000, \$1,000-\$10,000, \$10,000-\$50,000, \$50,000-\$100,000, \$100,000-\$500,000, More than \$500,000

Description of the Fraud, Waste or Loss:

Multiple blank lines for describing the fraud, waste or loss.

How can we reach you?

To thoroughly review this report, we may want to contact you for additional information. We will take appropriate precautions to keep your report confidential. If we may contact you, please include specific instructions on how to contact you. Indicate the best time to reach you and whether you would prefer to be contacted at home or at work.

May we contact you? Yes, Yes, but keep my report confidential, No, I would like to stay anonymous.

First Name: Last Name:

Address:

City: State: Zip:

Home Phone: Work Phone:

Email address:

Contact Instructions:

If you have questions about this form or would like to provide additional information, please call or email the Office of Internal Audit using the contact information below.

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