

APPENDIX C
Fraud, Waste and Abuse Complaint Form

Date: _____

COMPLAINANT INFORMATION: (The fraud policy necessitates that you identify yourself)

Name: _____

Address: _____

Phone Number: _____

Your relationship to County AND/OR to the suspect: _____

FRAUD INFORMATION:

Suspect Name(s): _____

Department assigned in County: _____

DESCRIPTION OF ALLEDGED FRAUD/ABUSE/WASTE (Describe the events or circumstances that you believe represents suspected fraud, waste or abuse. Include dates and times, if possible. Attach additional pages if necessary.)

NOTICE: As much information as possible should be provided, in addition to any supporting documents pertaining to your specific complaint. Failure to provide sufficient information or documentation may prevent or delay the investigation of your complaint. The information will be used to determine whether a violation of law has occurred.

This statement is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

This form should be completed and filed with the County Auditor at:

County Auditor
200 South Main, Room 201
Giddings, Texas 78942

Questions: Please contact the County Auditor's Office at 979-542-3103