

ATTACHMENT B

Oswego County Opportunities, Inc.
Waste, Fraud, Misconduct and Abuse Complaint Intake Form

Case I.D. #: _____ ACTIVE _____ INACTIVE _____

Classification: _____

Date(filing report) _____/_____/_____

Date incident occurred _____/_____/_____ Time of incident _____am/pm

Location: _____

Incident (please state facts) _____

Agency employee(s) involved _____

How does complainant direct knowledge of this incident? _____

Complainant wants personal response: ____ YES ____ NO Method: _____

Complainant Name (optional) _____

Phone (optional) _____ e-mail (optional) _____

What policy, statute, etc. has been violated, if any? _____

Has a complaint against OCO on this same subject– safety, health, environmental- been filed with any local, state or federal law enforcement/regulatory agency? YES NO UNKNOWN

If YES, what agency: _____

Is Complaint a Prima Facie Allegation?

YES

NO

YES, Prepare for Investigation

OCO Board Chair notified: (date) _____

Legal Counsel Consulted: (date) _____

Result: _____
(attach separate sheet if necessary)

Independent Auditor Consulted: (date) _____

Result: _____
(attach separate sheet if necessary)

Case I.D.# Assigned: _____

Duplicate Case File Created: _____

Begin Investigation Procedure Outlined in Section D of OCO’s False Claims Act and Whistleblower Provisions Policy and Procedure.

<p>Further Action Required? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, What Action: _____</p> <p>_____</p> <p>_____</p> <p>Complaint Turned Over to: _____</p> <p style="text-align: right;">Date: _____</p> <p>Outcome: _____</p> <p>_____</p> <p>_____</p> <p>Complainant Informed: (date) _____</p>
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Investigation Completed: (date) _____ Findings of Investigation: Attach Report to Intake Form
Findings Reported to:

OCO Board of Directors: _____ Date: _____

OCO Corporate Compliance Committee _____ Date: _____

Other: _____ Date: _____

Case Closed: _____ Date: _____

Corporate Compliance Officer: _____
(print name)

(signature)