

ATTACHMENT A

Oswego County Opportunities, Inc.
Waste, Fraud, Misconduct and Abuse Incident Reporting Form

Date (filing report) _____/_____/_____

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

Location: _____

Incident (please state facts) _____

Agency employee(s) involved _____

How do you have direct knowledge of this incident? _____

Do you want a personal response? _____

How would you like this response? _____

Your requested response of this investigation will be returned within 14 business days. If investigation is not completed, you will receive a progress report within 14 days, and every 14 days thereafter until completion.

Your Name (optional) _____

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