

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) \_\_\_\_\_