

# Fraud Information Report

*Please mail your completed form to:*

*Office of Internal Audit  
36 Court Street – Room 411  
Springfield, MA 01103*

1. Identify the type of improper activity you are reporting?

- Theft of Municipal Resources
- Waste/Abuse of Municipal Resources
- Bribery/Corruption
- False Accounting
- Conflict of Interest
- Other

**Definitions:**

**Theft** - dishonestly appropriating the property (assets or cash) of another with the intention of permanently depriving them of it  
**Waste and Abuse** - mismanagement or misuse of funds or resources  
**Bribery and Corruption** - offering a payment to any public officer to influence his/her behavior and similarly accepting such a payment  
**False Accounting** - dishonestly destroying, concealing or falsifying any account, record or document required for any accounting purpose, or furnishing information which is or may be misleading or deceptive  
**Conflict of Interest** - when someone such as a public official or municipal employee has competing professional or personal obligations or personal or financial interests that would make it difficult to fulfill his or her duties fairly

2. What is the basis of your knowledge regarding these matters?

- Witnessed these acts firsthand
- Suspect these acts occurred because of exposure to activities, documentation, or person(s) involved
- Told by witness(es) with firsthand knowledge
- Other

3. Do you have evidence such as documents, photographs, letters, electronic data, check numbers, purchase order numbers, invoice numbers, license plate or City vehicle numbers, or anything else to substantiate the activity?

- Yes
- No

If yes, please send copies of any documents in your possession along with your completed form to the address above.

4. If you wish to allow a member of the Internal Audit Division to contact you to discuss your concerns in more detail, please complete the following section. If you wish to remain anonymous, please skip this section and continue to section 5.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

5. Please provide a precise description of the activity you wish to report. Include date(s) and time(s) the incident occurred, the name of the city department(s) wherein you believe the activity is taking place, and the name of the individual(s) whom you believe is involved in the activity. You may attach additional sheets if necessary.

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