**What should you report? If you witness or have knowledge of any of the following:**

**Report Violations Of Laws And Regulations Relating To LIHEAP**

* LIHEAP Criminal Activity, such as: Bribery, Theft, Fraud, Mismanagement or
* Waste of Funds
* LIHEAP Employee Misconduct
* LIHEAP Conflict of Interest

**Confidentiality Information**

The complainant may remain confidential (i.e., known only to NCIDC) or you can allow their name to be used (i.e., included in any investigation that may take place). The reason we require a name and some contact information as it allows further communication between NCIDC and the complainant after the original allegation is received.

**Call**

**(800) 446-3426** for our confidential message service. Please leave your name and a phone number or an e-mail address and the nature of the complaint. Leave as much detail as possible. Someone will get back to you within 3 business days

**(707) 445-8451** to speak directly to a staff member about your concern

**Write a Letter**

Fax (707) 445-8479

Or

Fraud Alert – Confidential

NCIDC

241 F Street

Eureka, CA 95501

* Please include your contact information in your letter (Name and either a phone number or e-mail address)

**Website – Fraud reporting form please click here.**

Thank you for your assistance. We are committed to assuring that LIHEAP funds are used for the purpose they are intended. Your help to prevent fraud or the misuse of funds is appreciated.

Please print this form and complete. Send or fax to:

**Fax (707) 445-8479**

**Or Mail to:**

**Fraud Alert – Confidential**

**NCIDC**

**241 F Street**

**Eureka, CA 95501**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*City, State Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone Number: ( ) .

\*E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* A name is required and one way to contact you is also required: an address where you can be reached, a phone number or an e-mail address.**

Without sufficient information we may not be unable to act on your allegations.  Therefore, in order to help us investigate your concerns properly, please provide as much information as possible.  Use additional pages if needed and please write legibly. We are very interested in the information you have regarding the suspected misconduct, fraud, waste, abuse, or mismanagement in NCIDC’s LIHEAP.

1. What happened?

2. Who committed the wrong doing? (this could be only one person or several)

3. As far as you know, were they acting alone? If not please list names of everyone involved.

4. What part did the individual/s listed above play in the suspected fraud and how were these individuals able to perform the alleged activity?

5. When did the alleged activity take place (day, date and time)?

6. Where did the alleged activity take place (Street address, City, State Zip)?

7. Witnesses, is there anyone else who can verify the allegations?

8. Please provide any other information that will help us in our investigation: