**Westfield State University**

**Fraud, Waste & Abuse Report Form**

***Please review the Whistleblower Policy #0440 available on the university website.***

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| ***Do not complete contact information for anonymous submission.*** | | | | |  |
|  |  |  |  |  |  |
| Preparer Name | Click or tap here to enter text. |  | Date | Click or tap here to enter text. |  |
| Division/Department | Click or tap here to enter text. |  | Email Address | Click or tap here to enter text. |  |
| Telephone Number | Click or tap here to enter text. |  |  |  |  |
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| 1. Which of the following classifications best represents the alleged fraud, waste or abuse? | |
| Embezzlement, misuse of funds, assets | |
| Cash kickbacks, bribes, extortion, forgery | |
| Mismanagement, waste, abuse | |
| False statements, certifications, etc. | |
| Conflicts of interest, ethics violations | |
| Other: | Click or tap here to enter text. |

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| 2. Describe the incident and individuals involved in the alleged activity. Please include how and when the incident was discovered: |
| Click or tap here to enter text. |

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| 3. Check the relationship of the individual(s) to the university: |  |
| Employee  Student  Vendor or Contractor  Other: | Click or tap here to enter text. |

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| 4. Rules, regulations and procedures violated (complete only if known): |
| Click or tap here to enter text. |

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| --- | --- | --- | --- |
| 5. Has the activity been reported to any other person or department?  YES  NO | | | |
| 5a. If yes, to whom was it reported? | Click or tap here to enter text. |  | Click or tap here to enter text. |
|  | (Name) |  | (Date Reported) |

6. Please attach any relevant information concerning the incident.

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*­­­­­­­­­­­­­­­****Please submit or mail completed form to the University Reporting Officer:***

Olivia Bischoff 577 Western Avenue

Associate Director, Risk Management Westfield, MA 01086

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Horace Mann Center 010B