

COUNTY OF HANOVER
Fraud, Waste & Abuse Reporting

You may fill-in this form on-screen and save it to your PC hard drive for your records. Send the completed form to the Internal Audit Department via email attachment to: InternalAudit@hanovercounty.gov, or mail the form to: Internal Audit Department, P.O. Box 470, Hanover, VA 23069-0470, or fax the form to: (804) 365-6878.

Date of Report:

Location of Incident:

Details of the incident(s) (who, what, where, when, how, etc.):

Please list any suspected person(s) involved or having knowledge of incident in as much details as possible (such as names, departments, positions, contact information, etc):

What is the approximate dollar amount involved in the incident?

Please describe any evidence you have in as much details as possible (documents, photographs, etc.) Also include relevant ID numbers such as vehicle tag #, car make/model and equipment #:

How did you become aware of the incident(s)? (Examples: witness first hand, hear it from another person, etc.)

Please provide any other information which could assist our investigation:

If you wish to remain anonymous, you may skip this section; however, we encourage you to provide this information in case we need to contact you for further information.

Your name:

Your email address:

Your phone number:

Your department/title: