



Incident Report Form

In accordance with the California Employment Development Department (EDD) Workforce Services Directive (WSD-12-18) and the Humboldt County Workforce Development Board Incident Reporting Policy, this incident report is based on our understanding of an alleged fraudulent activity with federal Workforce Innovation and Opportunity Act (funds), as well as other federal funds.

Complete report, attach any additional documentation/report if necessary, and submit to the Humboldt County Equal Employment Opportunity Officer at EEO@co.humboldt.ca.us.

Subrecipient's name and address	Date of report
Name	
Title	
Additional documents attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Type of report (check one) <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Final <input type="checkbox"/> Other (<i>specify</i>)	2. Type of incident (check one) <input type="checkbox"/> Conduct violation <input type="checkbox"/> Criminal violation <input type="checkbox"/> Program violation
3. Allegation against (check one) <input type="checkbox"/> Contractor <input type="checkbox"/> Program participant <input type="checkbox"/> Other [<i>(specify), give name and position of employees(s), list telephone number, social security account number, if applicable, and other identifying data.</i>]	4. Location of incident [<i>give complete name(s) and addresses of organization(s) involved</i>]
5. Date and time of incident/discovery (<i>date, time</i>)	
6. Source of complaint (check one) <input type="checkbox"/> Audit Contractor <input type="checkbox"/> Program participant <input type="checkbox"/> Public <input type="checkbox"/> Investigative law enforcement agency (<i>specify</i>) <input type="checkbox"/> Other [<i>(specify), give name and telephone number so additional information can be obtained.</i>]	

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7. Contacts with law enforcement agencies (specify name(s) and agency contacted and results):

8. Persons who can provide additional information [(include custodian of records) name, position or job title, employment, local address (street, city, and state) or organization, if employed and telephone number]:

9. Details of incident (describe the incident):

10. Other important/relevant information:

For Use by the Humboldt County Equal Opportunity Officer

INCIDENT REPORT SUBMITTED BY

Name and title:		Date	
Signature:			