



## Fraud and Financial Misuse Prevention Form

**Submitter Instructions:**

Use this form to report concerns about possible fraud and financial misuse at the City of Holland or at any of its departments, including the Holland Board of Public Works (HBPW).

The City/HBPW's Fraud and Financial Misuse policy is available for review at [www.cityofholland.com](http://www.cityofholland.com) or [www.hollandbpw.com](http://www.hollandbpw.com) (enter "Fraud and Financial Misuse" in the Search field).

Please identify yourself at the end of this form to aid investigative follow-up.

**Recipient Instructions:**

Upon receipt, contact the other recipient(s) identified below to confirm their receipt of this form. Report receipt of this form to at least two (2) members of the investigation team designated within the policy.

This form should be reported to two (2) different individuals from the list below:

- |  |  |
|--|--|
| <input type="checkbox"/> City of Holland Mayor     | <input type="checkbox"/> City Manager          |
| <input type="checkbox"/> Any City Council Member   | <input type="checkbox"/> Any HBPW Board Member |
| <input type="checkbox"/> Director of Public Safety | <input type="checkbox"/> HBPW General Manager  |
| <input type="checkbox"/> City Attorney             |  |

Current contact information for the individuals listed above can be found at [www.cityofholland.com](http://www.cityofholland.com) and [www.hollandbpw.com](http://www.hollandbpw.com) or by calling the City of Holland at 355-1300.

Please indicate the individuals to whom you are submitting this form:

First Individual: \_\_\_\_\_

Second Individual: \_\_\_\_\_

General Nature of Concern (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Possible violation of law(s).    | <input type="checkbox"/> Misrepresenting travel expenses.      |
| <input type="checkbox"/> Theft, embezzlement.             | <input type="checkbox"/> Unauthorized access of records.       |
| <input type="checkbox"/> Falsifying documents or records. | <input type="checkbox"/> Awareness of fraud without reporting. |
| <input type="checkbox"/> Accepting bribes or kickbacks.   | <input type="checkbox"/> Other (explain on p.2).               |

Date(s) of Incident(s): \_\_\_\_\_

Individual(s) Involved: \_\_\_\_\_

(continued)

Specific Details of Concern (add pages as needed):

***The City of Holland and HBPW have a strong commitment to preventing fraud and financial misuse. Any allegations of fraud or financial misuse are thoroughly investigated. Thank you for assisting us in this effort. Providing us with your contact information will help us to conduct a complete investigation. It will also allow us to notify you when the investigation has been concluded.***

Name \_\_\_\_\_

Contact Information: Address \_\_\_\_\_  
name

Phone/Email \_\_\_\_\_

Signature: \_\_\_\_\_

Would you like to be notified when the investigation has been concluded?  YES  NO

**If you mail the completed form, please:**

- Use a separate envelope for each person in the first section above.
- Mark "PERSONAL & CONFIDENTIAL" on the outside of each envelope.

**FOR INTERNAL USE**

<i>Initially Received by:</i> _____	<i>Date:</i> _____
<i>Forwarded to the following members of the investigation team:</i>	
_____	<i>Date:</i> _____
_____	<i>Date:</i> _____
<i>Investigation concluded on</i>	<i>Date:</i> _____