

Thank you for helping fight fraud, waste, and abuse in Louisiana. Your information begins the process for holding public officials and employees accountable for their actions. Your name and telephone number, as well as the status of your complaint, are confidential. Again, thank you for helping fight fraud, waste, and abuse in Louisiana.

Any agency or entity as defined in La. R.S. 24:513 that receives state or local government funds should use this form to report known or suspected losses of public funds or other illegal activity to the Legislative Auditor's Office.

**Your name, telephone number, as well as the status of your complaint are confidential.**

**Contact Information** (optional)

While this information is optional, providing us with your name and telephone number will allow us to contact you with any additional questions.

<b>Name</b> (optional)	<input type="text"/>
<b>Title</b> (optional)	<input type="text"/>
<b>Phone</b> (optional)	<input type="text"/>
<b>Email</b> (optional)	<input type="text"/>

**Report Information**

**What is the name of the entity where the loss or illegal activity occurred?** (required)

**What type(s) of fraud, waste, or abuse are you reporting?** (Check all that apply)

- 1. Theft of Public Funds and/or Equipment
- 2. Personal use of Public Funds and/or Equipment
- 3. Public Official/Employee Doing Business With Himself/Herself
- 4. Public Official/Employee Accepting Something of Value (or Kickback) From A Vendor
- 5. Public Official/Employee Paying For Work Not Performed by A Vendor
- 6. Public Official/Employee Paying Excessive Amounts For Services
- 7. Public Official/Employee Falsifying Expense Reimbursements
- 8. Public Payroll Fraud
- 9. Other fraud, waste or abuse (detail below)

**When did the suspected loss or illegal activity occur?** (required)

**What is the suspected amount of loss, if any?** \$

**Please describe the suspected loss or illegal activity.** (required)

**Name of the person who allegedly performed the illegal activity**

**Why do you believe the illegal activity occurred?**

**Are other public employees or private third parties involved?**  Yes  No

**Please include names:**

**How was the suspected loss or activity detected?** (required)

**Is the suspected loss or illegal activity continuing?**  Yes  No

**List the names of the possible witnesses to the suspected loss or illegal activity.** (Please include contact information if possible.)

**List the names of individuals who would most likely cooperate/help with the investigation.** (Please include contact information if possible.)

**Is an investigation in progress?**  Yes  No

**Please list the name of the agency or investigative body:**

**What actions have you taken to date, if any?**