Homeland Security

Report Waste, Fraud, and Abuse to the Department of Homeland Security Office of Inspector General

Entering your personal information will permit the DHS-OIG to contact you for additional details concerning your allegation(s) if necessary. Fields marked with an asterisk (*) are **MANDATORY**.

YOU:

*First Name: _____ MI: _____ *Last Name: _____ Gender: ◯ Male ◯ Female

*Address: _____ *City: _____ *State / Territory: _____ *Zip: _____

*Daytime Phone: _____ *Evening Phone: _____ *Email: _____

Other Contact Information:

Your Employment Type: _____

*Your Employment Agency: _____

Your Employment Title: _____

WHO?

☐ Unknown Identity ☐ Known Identity ☐ Multiple Offenders ☐ Agency ☐ Corporation / Business

Identify the person(s) agency or corporation / business engaged in the alleged misconduct. If more than one person, agency or company is involved, enter the additional information on the Continuation Page under the "**WHO**" heading.

First Name: _____ MI: _____ Last Name: _____ Gender: ◯ Male ◯ Female

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Race: _____

Miscellaneous Identifiers (e.g. job title): _____

(OR)

Agency or Bureau: _____ Corporation or Business Name: _____

AND

Alleged Offender's Employment Type: _____ Address: _____ Country / Region: _____

City: _____ State / Territory: _____ Zip: _____ Alleged Offender's Contact Email: _____

Alleged Offender's Daytime Phone Number: _____ Alleged Offender's Evening Phone Number: _____

*Affected Agency or Bureau: _____

WHEN?

*Date(s) Incident Occurred: _____

Alleged Offender was: ◯ On-Duty ◯ Off-Duty

OR, If Program Related, Incident Occurred: ◯ During Program Hours ◯ Before/After Program Hours

WHERE?

*Incident location(s):

WHAT?

Identify the Primary, Secondary and Tertiary (if applicable) category of allegation(s) the alleged offender(s) have engaged in.

*Primary Allegation: _____ Tertiary Allegation: _____

Secondary Allegation: _____

***HOW? [Summary of Incident (to include: how you know this incident occurred, supporting evidence you may have, names and contact information of other witnesses / victims, etc.)]**

DHS OIG accepts and rejects investigations based upon agency responsibilities. If we determine that your allegation should be investigated by another agency, we may we refer it to that agency for any action they deem necessary.

By submitting this form you certify that all of the statements made in this allegation (including Continuation pages and addenda) are true, complete, and correct to the best of your knowledge and you understand that a false statement, or concealment of material fact, is a criminal offense (18 U.S.C. Section 1001) for which you may be prosecuted.

☐ *I agree to all terms and conditions as previously cited.

Submit Form Print Form

CONTINUATION PAGE

WHO? ☐ Unknown Identity ☐ Known Identity ☐ Multiple Offenders ☐ Agency ☐ Corporation / Business

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