



Fraud, Waste & Abuse Reporting Form

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.

Contact Information (optional):

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

Name: _____

Title: _____

Phone: _____

Email: _____

Report Information:

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

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

Date(s) _____

What is the suspected amount of loss, if any?

\$ _____

What type(s) of fraud, waste, or abuse are you reporting? (Circle 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)

Please describe the suspected loss or illegal activity. *Continue on separate page if necessary.* (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? If "Yes," please include names. (Y/N)

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

Is the suspected loss or illegal activity continuing? (Y/N)

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? If "Yes," please state what agency is investigating. (Y/N)

What actions have you taken to date, if any?

Has a police report been filed? (Y/N)

Has the District Attorney been notified? (Y/N)

Please attach any evidence or documents that support your allegations.

Please print this form and mail all materials to:
LLA Hotline, P. O. Box 94397 Baton Rouge, LA 70804
or fax to: 1-844-40 FRAUD (403-7283)

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