

Fraud, Waste and Abuse Reporting Form

**Hernando County Clerk of Circuit Court
Audit Services Department**
20 N. Main St., Rm 362
Brooksville, FL 34601
Phone: 352-540-6235
Fax: 352-754-4239
Email: ehogan@hernandoclerk.org
mmartin@hernandoclerk.org

Complainant's (Reporting Party's) Information

Although the individual who discovers or reports suspected or known fraudulent, wasteful or abusive activity may choose to remain anonymous, complainants are encouraged not to make reports anonymously as anonymous reports may be difficult to pursue if additional information is required. Only well-founded, fully described anonymous reports will receive due and proper consideration.

Full Name: _____	Date: _____
Address: <i>Last, First</i>	
Street Address _____	Apartment/Unit # _____
Phone: _____	City _____ State _____ ZIP Code _____
() _____	E-mail Address: _____

What is your relationship to the suspect:

Co-Worker/County Employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who do you work for? _____	Board <input type="checkbox"/>	Clerk <input type="checkbox"/>
Vendor, Service Provider, Contractor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, your company's name? _____		
Other?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain _____		

Identification of Person(s) Involved In Suspected Activity

Please list identification of person(s) involved in the suspected activity.

Full Name: _____	Job Title: _____	Employer: _____	Supervisor: _____
Full Name: _____	Job Title: _____	Employer: _____	Supervisor: _____
Full Name: _____	Job Title: _____	Employer: _____	Supervisor: _____
Full Name: _____	Job Title: _____	Employer: _____	Supervisor: _____

