

# 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: 352-540-6991  
Email: [AuditServices@hernandoclerk.org](mailto:AuditServices@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>		
<i>Street Address</i>		<i>Apartment/Unit #</i>
Phone: _____ ( ) _____	<i>City</i>	<i>State</i> <span style="float:right"><i>ZIP Code</i></span>
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: _____

