Fraud, Waste & Abuse Reporting Form

Misuse of taxpayer-funded resources is a serious offense – one punishable by the Fulton County School System’s employee disciplinary/termination process or possibly by criminal prosecution.

Concerned Fulton County School System employees and the public can protect school resources by reporting allegations of school-related fraud, waste and abuse.

Nature of Report:
__ Fraud  _ Waste  _Abuse

Name of Person(s) Involved:
Name: __________________________________________
Name: __________________________________________
Title: __________________________________________
Title: __________________________________________
Street Address: _________________________________
Street Address: _________________________________
City: ____________________________ State: ____________ Zip: ____________
City: ____________________________ State: ____________ Zip: ____________
Telephone Number: ____________________________
Telephone Number: ____________________________

Summary of facts relevant to the allegation(s):
(Helpful information includes: What is the problem? Who is involved? When, where and why did it happen?) Use additional sheets if necessary.

Other helpful information (if known):
Has this complaint been filed with any other agency or investigative entity?
__ Yes  _ No  If yes, please explain and list the date filed.

Are there documents regarding the incident?
(Examples are contracts, memos, letters, evaluation forms, minutes of meetings, etc.) If so, please attach or fax with cover letter to 470-254-4592.
__ Yes  _ No

Please provide any names of witnesses or those who have knowledge of the incident.
List contact information, such as addresses, phone numbers, titles, etc., if possible. Use additional sheets if necessary.

Personal Contact Information (should there be additional or follow-up questions)
__ I certify that this information is true and accurate
__ I wish to stay anonymous
Name: ________________________________
Name: ________________________________
Title: __________________________________
Title: __________________________________
Street Address: _________________________
Street Address: _________________________
City: ____________________________ State: ____________ Zip: ____________
City: ____________________________ State: ____________ Zip: ____________
Home Phone: __________________________
Work Phone: __________________________
Cell Phone: __________________________

What is your association with the Fulton County School System?
__ Faculty  _ Staff  _ Student  _ Parent  _ Other: ______

Please return the completed form by one of these choices:
Telephone: 470-254-6780
E-mail: fraudwasteabuse@fultonschools.org
Fax: 470-254-4592
Web: www.fultonschools.org (click on link to FWA)
In-Person/Mail: Internal Audit Department
6201 Powers Ferry Road
Atlanta, GA 30339

INTERNAL USE ONLY:
__ Phone  _ Email  _ Fax  _ Web  _ In-Person