City of Baldwin Park Fraud Complaint Form:

Section I: Your information To be completed by the person filing the complaint(Complainant)	
YOUR CONTACT INFORMATION(Optional)	
Check here if you wish to be anonymous	
Your name:	
Phone number:	Email:
Section II: Case Information Provide information about the person committing possible fraud, waste, and abuse.(Respondent)	
INFORMATION ABOUT THE PERSON YOU THINK IS COMMITTING FRAUD	
Employee name:	
Position/Department:	
Section III: Complaint Details Please provide as much detail as you can for the following questions. Attach additional pages if needed. INFORMATION ABOUT THE CLAIM	
What violation listed in the Fraud, Waste and Abuse Policy was violated by the individual? Please list all violations.	
2. When did the violation occur? Please provide dates, times, and locations if possible.	
3. How did you become aware of the fraud information and why do you believe it to be valid?	
4. If any, what documents or evidence do you know of/have to support this policy violation. Please attach them to this document if able to.	

5. Are you aware of other times the individual violated the Policy? Or, is this an isolated event?
6. Is there anyone else who can support your claim? If so, please provide their contact information.
Section IV: Submitting

Email: fraudhotline@baldwinpark.com

To submit this form mail, fax or email to the Human Resources Department

Phone: (626) 960-4011 Ext. 107

Fax: 626-813-5287 Mailing address :

14403 Pacific Ave, Baldwin Park, CA 91706

Dear Complainant

We appreciate you taking the time to reach out to us regarding your concerns. We will do our very best to expeditiously investigate your complaint. Due to the confidentiality of this process we are unable to share information regarding our findings. However, you are more than welcome to contact us to confirm that your complaint was received and is being processed. Thank you.

Baldwin Park's Human Resources Department