



Carroll County Government Fraud, Waste, or Abuse Reporting Form

Submit this form by email, mail, or in person to:

Email Address: fraud@carrollcountymd.gov
Office Address: Timothy C. Burke
Office of County Attorney
225 North Center Street
Westminster, MD 21157
Phone Number: 410-386-5030

Policy - Reporting Improper Actions by Carroll County Government Employees, Contractors, or Agents Carroll County Government strongly encourages employees and other persons to report known or suspected improprieties including, but not limited to, instances of fraud, embezzlement, bribery, theft, abuses of authority, gross mismanagement, gross waste of funds or property, the making of false statements or false claims when such statements or claims are known to be false, the exposure of employees to a substantial and specific public health danger, or any violation of federal or state law that have been committed by any employee at any level of authority or by the Carroll County Government's agents or independent contractors. To the extent allowed by law, Carroll County Government will seek to maintain the confidentiality of such reports including the identity of the employee or other person who makes the report and the identity of the employee, agent, or independent contractor who is the subject of the report. Carroll County Government will take steps to protect from retaliatory action any employee or other person who, in good faith, reports known or suspected improprieties

- Citizens may provide contact information or remain anonymous.
- Please provide as much detail as possible concerning who, when, where, what, how and how much is involved.
- The information reported is reviewed by the County Attorney.

1. Please provide a detailed description of the incident, including **who, what, where, why, when, and how.**
This field is required

2. Provide the name(s) of the person(s) involved, their role(s) in the incident, job title(s) and location(s) currently employed or enrolled

First Name	<input type="text"/>	First Name	<input type="text"/>	First Name	<input type="text"/>
Last Name	<input type="text"/>	Last Name	<input type="text"/>	Last Name	<input type="text"/>
Job Title	<input type="text"/>	Job Title	<input type="text"/>	Job Title	<input type="text"/>

Role	Role	Role
<input type="checkbox"/> Subject <input type="checkbox"/> Witness <input type="checkbox"/> Unknown	<input type="checkbox"/> Subject <input type="checkbox"/> Witness <input type="checkbox"/> Unknown	<input type="checkbox"/> Subject <input type="checkbox"/> Witness <input type="checkbox"/> Unknown

Location	Location	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. If applicable, enter any additional individuals involved.

4. What is your involvement in the incident?

<input type="checkbox"/> It Happened to me	<input type="checkbox"/> I overheard it
<input type="checkbox"/> I was involved	<input type="checkbox"/> Someone told me about it
<input type="checkbox"/> I observed it	Other <input type="text"/>

5. Where did the issue occur?

6. When did it occur or the date of the most recent occurrence?

7. Is this an ongoing issue?

Yes No I do not know

8. Have you reported this incident to anyone within Carroll County Government(CCG)?

Yes No

9. If Yes, who did you report it to?

10. Please provide the date(s) the incident was reported to the CCG employee identified in question 9.

11. Do you believe anyone has taken steps to hide this issue?

Yes No I do not know

12. Do you have files to provide?

Yes No

If yes, please mail the documents to:
Carroll County Government
Attention: Office of County Attorney
225 North Center Street
Westminster MD 21157
OR
Send Electronic files to fraud@carrollcountymd.gov

13. May we contact you?

Yes Yes, but keep my report confidential No

14. Contact Information

Upon your request, all information is kept confidential to the extent allowed by law and will not be shared. If you do not wish to remain anonymous please include your full name, address, phone, email and any additional contact instructions.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Contact Instructions: _____