

FRAUD INCIDENT REPORT FORM

The State University of New York is committed to ensuring its funds and other University resources are used in an effective and efficient manner. This form is intended for faculty, staff, students, and others to report suspected fraud, waste, abuse or irregular activities. These activities include improper transactions, such as suspected thefts, losses, misuse or inappropriate action involving State funds, equipment, supplies or other assets. Concerns about other matters, such as personnel issues or academic misconduct, should be brought to the attention of the appropriate SUNY Oneonta office. All information will be treated as confidential to the extent permitted by law.

Retaliation against anyone who has made a report in good faith under this process is strictly prohibited.

(If you would like to remain anonymous, please enter 'Anonymous')

First Name:	Last Name:
Email Address:	Contact Phone Number:
Subject:	

Please describe the incident (provide an additional page if necessary):

How was the incident discovered? : _____

Was there a financial loss? Yes No Don't Know If yes, estimated \$ _____

Are state funds involved? Yes No Don't Know Please specify: _____

Are state employees involved? Yes No Don't Know Please specify (if known): _____