

Fraud, Waste and Abuse Reporting Form

Lehigh County Controller's Office

1. Location and Department involved in suspected fraud or waste:*

2. Detailed description of Fraudulent Act or Incident:*

Include person(s) involved; Date(s) of incident; Other individual(s) aware of incident; Dollar amounts if known:

3. Your Name: (Not Required)

4. Phone Number: (Not Required)

5. E-mail Address: (Not Required)

6. If contact information was provided, may we contact you?* ()Yes ()No

*Required

*You can either enter the above information and print, or download the document, complete and print.

* Please include any pertinent evidence with this form to support the allegations

Mail to: Lehigh County Controller's Office - Attn: EHL, 17 South 7th Street, Allentown, PA 18101