

UNIVERSITY OF SOUTHERN INDIANA
Office of Internal Audit Fraud Report Form

Date: _____

Which of the following classifications best represents the alleged fraud?

- | | |
|--|--|
| <input type="checkbox"/> Embezzlement, misuse of funds or assets | <input type="checkbox"/> Kickbacks, bribes, extortion |
| <input type="checkbox"/> Mismanagement, waste | <input type="checkbox"/> False statements, certifications, etc |
| <input type="checkbox"/> Environmental violations | <input type="checkbox"/> Conflicts of interest, ethics violation |

Please state the name of the individual(s) and the University department(s) involved in the alleged fraud:

Check the relationship of the individual(s) to the University:

- Employee Student Vendor or contractor Other: _____

Has the fraud been reported to any other person or department? Yes No

If yes, then to whom and when? _____

Provide details concerning the fraud. Attach additional pages if necessary.

How does the Whistleblower wish to be identified? Anonymous Confidential No Restriction

Whistleblower's information:

*First Name: _____ *Last Name: _____

*Work Address: _____ *Department: _____

*Work Phone: _____ *Cell Phone: _____ *Email: _____

**Not required of those who wish to remain anonymous.*

Mail this form to:

Director of Internal Audit
University of Southern Indiana
8600 University Blvd., WA102F
Evansville, IN 47712
(812) 465-1605