

Incident Report

U.S. Department of Labor

Office of Inspector General



For Official Use Only (When filled in) 1. Date of report 2. Agency designation code (Yr.) (Agency) (Report No.) 3. File Number (For IS use)

4. Type of report
 Initial Supplemental Final Other (Specify) _____

5. Type of incident Conduct violation Criminal violation Program violation

6. Allegation against
 DOL Employee Contractor Grantee Program participant or claimant Other (Specify) _____

Give name and position of employee(s), contractor(s), grantee, etc. List telephone number, OWCP or other Claim File Number, if applicable, and other identifying data:

7. Location of incident (Give complete name(s) and addresses of organization(s) involved)

8. Date and time of incident/discovery

9. Source of complaint Public Contractor Grantee Program Participant Audit

Investigative Law Enforcement Agency (Specify) _____

Other (Specify) _____

Give name and telephone number so additional information can be obtained.

10. Contacts with law enforcement agencies (Specify name(s) and agency contacted and results)

11. Expected concern to DOL
 Local Regional National Media interest Executive interest GAO/Congressional interest

Other (Specify) _____

12. DOL Agency involved

SECY ESA ETA ILAB LMSA MSHA OASAM OIG

OSHA SOL ASP BLS NCEP WBL OIPA

Other (Specify) _____

Amount of grant or contract (if known) \$ _____ Amount of subgrant or subcontract (if known) \$ _____

13. Persons who can provide additional information (Include custodian of records) Local Address (Street, City, & State) or organization, if employed and telephone number

Name	Grade	Position or job title	Employment*	Local Address (Street, City, & State) or organization, if employed and telephone number
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*Enter one of these codes:
 U - Unemployed G - Grantee C - Contractor D - DOL F - Other Federal Employee P - Program Participant or claimant