Fraud and Financial Misuse Prevention Form

Submitter Instructions:
Use this form to report concerns about possible fraud and financial misuse at the City of Holland or at any of its departments, including the Holland Board of Public Works (HBPW).

The City/HBPW’s Fraud and Financial Misuse policy is available for review at www.cityofholland.com or www.hollandbpw.com (enter “Fraud and Financial Misuse” in the Search field).

Please identify yourself at the end of this form to aid investigative follow-up.

Recipient Instructions:
Upon receipt, contact the other recipient(s) identified below to confirm their receipt of this form. Report receipt of this form to at least two (2) members of the investigation team designated within the policy.

This form should be reported to two (2) different individuals from the list below:

- City of Holland Mayor
- City Manager
- Any City Council Member
- Any HBPW Board Member
- Director of Public Safety
- HBPW General Manager
- City Attorney

Current contact information for the individuals listed above can be found at www.cityofholland.com and www.hollandbpw.com or by calling the City of Holland at 355-1300.

Please indicate the individuals to whom you are submitting this form:

First Individual: ________________________________________________________

Second Individual: _____________________________________________________

General Nature of Concern (check all that apply):

- Possible violation of law(s).
- Misrepresenting travel expenses.
- Theft, embezzlement.
- Unauthorized access of records.
- Falsifying documents or records.
- Awareness of fraud without reporting.
- Accepting bribes or kickbacks.
- Other (explain on p.2).

Date(s) of Incident(s): __________________________________________________

Individual(s) Involved: _________________________________________________

(continued)
The City of Holland and HBPW have a strong commitment to preventing fraud and financial misuse. Any allegations of fraud or financial misuse are thoroughly investigated. Thank you for assisting us in this effort. Providing us with your contact information will help us to conduct a complete investigation. It will also allow us to notify you when the investigation has been concluded.

Name

Contact Information:  Address
name

Phone/Email

Signature:

Would you like to be notified when the investigation has been concluded?  

YES  NO

If you mail the completed form, please:

- Use a separate envelope for each person in the first section above.
- Mark “PERSONAL & CONFIDENTIAL” on the outside of each envelope.

FOR INTERNAL USE

Initially Received by:  Date:
Forwarded to the following members of the investigation team:
  Date:
  Date:
Investigation concluded on  Date: