



FRAUD HOTLINE
Duval County Public Schools Police Department
720 Lansdowne, FL, Room 201
Jacksonville, FL, 32211

FAX ALERT
Sending personal information by fax is not a secure means of transmission. It is recommended you return your request by regular mail.

FRAUD REPORTING COMPLAINT FORM

Complete this Complaint Form if you wish to submit a complaint to the Fraud Hotline Program. To help us review and evaluate your information for appropriate action; please leave detailed information regarding the nature of the allegations. ***Provide the full name of the person(s) involved, where, when, and how often the activity has occurred. Please also provide the name of any other person(s) who may be aware of this activity.***



Suspected Person(s) Involved:

NAME	TELEPHONE	SCHOOL AND/OR DEPARTMENT
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Please check the nature of the suspect activity:

- | | | |
|--|--|---|
| <input type="checkbox"/> Theft | <input type="checkbox"/> Conflict of Interest | <input type="checkbox"/> Fictitious Claims |
| <input type="checkbox"/> Misuse of District Property | <input type="checkbox"/> Embezzlement | <input type="checkbox"/> Bribes / Kickbacks |
| <input type="checkbox"/> Abuse of Work Hours | <input type="checkbox"/> Inappropriate Use of Credit Cards | <input type="checkbox"/> Other _____ |

Description of your complaint. Please note this information is required.
(Details on dates, what occurred, when, how, and who else may be aware of this incident.)

In order to complete this investigation, it would be very helpful for you to provide the following information so that we can give proper follow-up.

Your Name _____ Street Address _____

Phone Number _____ Email Address _____

Date _____ Time _____