Incident Report Form

In accordance with the California Employment Development Department (EDD) Workforce Services Directive **(**[**WSD20-12**](http://www.edd.ca.gov/Jobs_and_Training/pubs/wsd20-12.pdf)**)** and the ***San Diego Workforce Partnership Operations Manual, Chapter 9*,** this incident report is based on our understanding of an alleged fraudulent activity with federal Workforce Innovation and Opportunity Act (WIOA) funds, as well as other federal funds.

Complete report, attach any additional documentation/report if necessary, and submit to the San Diego Workforce Partnership (the Workforce Partnership) Equal Opportunity Officer/Program Grievance Officer at [complaints@workforce.org](mailto:complaints@workforce.org).

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| --- | --- | --- | --- |
| Subrecipient’s name and address | Date of report | |  |
|  | Name | |  |
| Title | |  |
| Additional  documents attached? | | Yes  No |
| 1. Type of report (check one)   Initial  Supplemental  Final  Other *(specify)* | | 1. Type of incident (check one)   Conduct violation  Criminal violation  Program violation | |
| 1. Allegation against (check one)   Contractor  Program participant  Other [*(specify), give name and position of employees(s), list telephone number, social security account number, if applicable, and other identifying data.]* | | 1. Location of incident [*give complete name(s) and addresses of organization(s) involved]* | |
| 1. Date and time of incident/discovery *(date, time)* | |  | |
| 1. Source of complaint (check one)   Audit  Contractor  Program participant  Public  Investigative law enforcement agency *(specify)*  Other [*(specify), give name and telephone number so additional information can be obtained.]* | | | |
| 1. Contacts with law enforcement agencies   *[specify names(s) and agency contacted and results]* | | | |
| 1. Persons who can provide additional information:   *[(include custodian of records) name, position or job title, employment, local address (street, city, and state) or organization, if employed and telephone number]* | | | |
| 1. Details of incident   *(describe the incident)* | | | |
| 1. Other important/relevant information: | | | |

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| **FOR USE BY THE WORKFORCE PARTNERSHIP ONLY** | | | |
| **INCIDENT REPORT SUBMITTED BY** | | | |
| **Name and title:** |  | **Date:** |  |
| **Signature:** |  |