County of San Diego

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (Economic Stimulus)

FRAUD, WASTE AND ABUSE REPORTING FORM

CONTACT INFORMATION

Date:

Name:

Street Address:

City: Zip Code:

Phone:

☐ I wish to remain anonymous. I understand that if I remain anonymous, the County may not be able to contact me and as a result may not be able to fully investigate my concern.

☐ I am a County Employee

Complaint *(Please be as specific as possible and include dates and times if you can):*

County Employee(s) Involved *(Please include names, positions and work addresses, if known):*

Please provide the name and telephone number of anyone else who may have first hand knowledge of this situation:

Please list any law enforcement or other government agency this has been reported to and include the name and phone number of who took your report, if possible:

☐ I would like to be contacted about the resolution of this concern (not available for anonymous reporters).

Once completed, please return the form by one of the following options:

E-mail: Compliance.HHSA@sdcounty.ca.gov
Fax: 619-515-4247
U.S. Mail: **Compliance Office**
1700 Pacific Highway, Room 303
San Diego, CA 92101
County Mail: MS P501

Print Form

Submit by Email