



Saint Regis Mohawk Tribe

WASTE FRAUD ABUSE REPORT FORM

INSTRUCTIONS:

The SRMT accepts and investigates allegations of improper governmental activities by SRMT employees, contractors, vendors or where the SRMT is a potential victim of waste, fraud and abuse in connection with Tribal, state or federal funded programs.

Anonymous reports may be made to the SRMT Waste, Fraud or Abuse toll free hotline at **855-990-0097** or go to www.lighthouse-services.com/srmt-nsn. SRMT's Corporate Compliance Policy is located on the **intranet** www.srmt-nsn.gov/intranet. For questions regarding the policy, please call the Corporate Compliance Officer at **518-358-2272 extension 2231** or email corporatecompliance@srmt-nsn.gov.

Because we do not undertake investigations without adequate cause, we need as much information as you can provide to corroborate the allegation(s) such as documents, witnesses, and other specific and relevant information.

If you choose to file your complaint anonymously, be sure to provide specific and relevant information including the first and last names of any individuals mentioned, contact information if available, and the location address at which the improper activity occurred.

When describing the improper activity, please provide as much of the following information for each of your allegations and number each allegation, if there is more than one. Use additional pages if necessary.

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|---------------|---|
| Who? | Who is involved? If outside businesses or contractors are involved, what are the names of the business(es) and where is it located? Who else knows about the improper activities? Who else can confirm that the improper activity occurred? How can Corporate Compliance reach these witnesses? |
| What? | What specifically did the alleged suspect(s) do? Why is it wrong? What kinds of documents would provide evidence of the improper activities? Where are the documents located? |
| Where? | Which department or building location did the improper activity happen? |

- When?** When did the improper activity occur? Is it ongoing? How frequently has it occurred?
- Why?** What are the suspect(s) motives? For example, how does the suspect benefit? If others benefit from the activities, who are they and how do they benefit?
- How?** How did the wrongdoing occur? Was there a lack of controls, circumvention of controls, or collusion with other individuals?

Please enclose the completed form in an envelope marked "Confidential" and mail to:

Corporate Compliance Officer
Saint Regis Mohawk Tribe
71 Margaret Terrance Memorial Way
Akwesasne, NY 13655

Or email this form as an attachment to:

corporatecompliance@srmt-nsn.gov

COMPLAINANT CONTACT INFORMATION (Not Required)

Name:	Title/Department:
Work Location Address:	
Work Phone:	Home Phone:

ALLEGED SUSPECT(S) INFORMATION

Name:	Title/Department:
Work Location Address:	
Work Phone:	Home Phone:

WITNESS(ES) Please provide witnesses, if any, who can confirm your allegation

Name:	Title/Department:
Work Location Address:	
Work Phone:	Home Phone:

Date:

COMPLAINT: Briefly describe the improper activity and how you know about it. Specify who, what, where, when, why and how. If there is more than one allegation, number each allegation, using as many pages as necessary.

Who did the alleged activity? _____

What did the alleged suspect do? _____

Where did this happen? _____

When did this occur? _____

Why is it wrong? _____

Do you have supporting documentation or evidence of the improper activity?

Please provide as much specific information as possible to corroborate the alleged improper activity.