



James E. Shepard, Founder

INTERNAL AUDIT OFFICE FRAUD REPORT FORM

Date: _____

Which of the following classifications best represents the alleged misuse, fraud, or abuse?

- Embezzlement, misuse of funds, assets
- Cash kickbacks, bribes, extortion, forgery
- Mismanagement, waste, abuse
- False statements, certifications, etc.
- Environmental violations
- Conflicts of interest, ethics violation
- Other: _____

Please state the name(s) of the individual(s) and the University department(s) involved in the alleged activity:

Check the relationship of the individual(s) to the University:

- Employee
- Student
- Vendor or Contractor
- Other: _____

Has the activity been reported to any other person or department? Yes: No: If yes, then to whom and when?

Provide details concerning the alleged activity. Attach additional pages if necessary.

How does the Whistleblower wish to be identified? Anonymous Confidential No Restriction

Whistleblower's information (*optional*):

Name: _____

Work Address: _____ Department: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Mail this form to:
 Internal Audit Office
 North Carolina Central University
 1801 Fayetteville Street, 201 Hoey Administration Building
 Durham, North Carolina 27707
 919.530.6189

Or

You may save your completed form and email it to us at: InternalAuditOffice@ncu.edu