



Carroll County Public Schools Office of Internal Audit Fraud, Waste, or Abuse Reporting Form

Submit this form by email, mail, or in person to:

Email Address: drczajk@carrollk12.org
Office Address: Dawn Czajkowski
Office of Internal Audit
125 North Court Street, Suite 214
Westminster, MD 21157

Board Policy BHC – Reporting Improper Actions by Carroll County Public Schools Employees, Contractors, or Agents

The Board of Education strongly encourages employees and other persons to report known or suspected improprieties including, but not limited to, instances of fraud, embezzlement, bribery, theft, abuses of authority, gross mismanagement, gross waste of funds or property, the making of false statements or false claims when such statements or claims are known to be false, the exposure of students and/or employees to a substantial and specific public health danger, or any violation of federal or state law that have been committed by any employee at any level of authority or by the Board of Education’s agents or independent contractors.

To the extent allowed by law, the Board of Education of Carroll County will seek to maintain the confidentiality of such reports including the identity of the employee or other person who makes the report and the identity of the employee, agent, or independent contractor who is the subject of the report. The Board of Education will take steps to protect from retaliatory action any employee or other person who, in good faith, reports known or suspected improprieties.

- Citizens may provide contact information or remain anonymous.
- Please provide as much detail as possible concerning who, when, where, what, how and how much is involved.
- The information reported is reviewed by the Superintendent of Schools.

1. Please provide a detailed description of the incident, including **who, what, where, why, when, and how.**
This field is required

2. Provide the name(s) of the person(s) involved, their role(s) in the incident, job title(s) and location(s) currently employed or enrolled

First Name	First Name	First Name
Last Name	Last Name	Last Name
Job Title	Job Title	Job Title
Role	Role	Role
Subject	Witness	Unknown
Subject	Witness	Unknown
Subject	Witness	Unknown
Location	Location	Location

3. If applicable, enter any additional individuals involved.

4. What is your involvement in the incident?

- It Happened to me
- I overheard it
- I was involved
- Someone told me about it
- I observed it
- Other

5. Where did the issue occur?

6. When did it occur or the date of the most recent occurrence?

7. Is this an ongoing issue?

Yes

No

I do not know

8. Have you reported this incident to anyone within Carroll County Public Schools?

Yes

No

9. If Yes, who did you report it to?

10. Please provide the date(s) the incident was reported to the CCPS employee identified in question 9.

11. Do you believe anyone has taken steps to hide this issue?

Yes

No

I do not know

12. Do you have files to provide?

Yes

No

If yes, please mail the documents to:

Carroll County Public Schools

Attention: Office of Internal Audit

125 North Court Street

Westminster MD 21157

OR

Send Electronic files to the Internal Auditor at drczajk@carrollk12.org

13. May we contact you?

Yes

Yes, but keep my report confidential

No

14. Contact Information

Upon your request, all information is kept confidential to the extent allowed by law and will not be shared. Please include your full name, address, phone, email and any additional contact instructions.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Contact Instructions: _____