## EPA OIG Mandatory Disclosure Submission Form

## (\* Required)

- \* Your first name:
- \* Your last name:
- \* Email where you can be reached:
- \* Confirm your email:
- \* Phone number at which you can be reached:
- \* Indicate whether this disclosure is related to:

The U.S. Environmental Protection Agency

## The U.S. Chemical Safety and Hazard Investigation Board

\* Company/entity name:

* Indicate whether the reason for this disclosure is related to:							
	Possible violation of federal criminal law involving fraud, conflict of interest, bribery, or gratuities						
	Possible violation of the civil False Claims Act						
	Possible violation of the Anti-Kickback Act of 1986						
Company/entity address: Street Address:				State: Zip:			
Company/entity is the:	Prime	Sı	ıb				
I am reporting on the:	Prime	Sub	)				
Your title and position:							
Contract or grant number:							
Task or purchase order:							
Contracting or grant officer's name:							
Contracting or grant officer's email:							
Contracting or grant officer's telephone:							
Estimated amount of loss in dollars: \$							
Incident date or date range (MM/DD/YYYY): Specific Date:				Date range:			
Is the incident or loss ongoing? Yes No							
Date you first learned of the incident or loss (MM/DD/YYYY):							

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\* Please provide a detailed description of the facts and circumstances surrounding the reported activities, incident or loss, including names of individuals involved, how the matter was discovered, and a description of the services or supplies.

Has a disclosure been made to any other Federal agency?	Yes	No
If yes, which agency?		
If yes, when was the disclosure made?		
Has your company/entity conducted an internal investigation?	Yes	No
Has your company/entity taken any corrective action? Yes	company/entity taken any corrective action? Yes No	
If yes, please provide a description of the corrective action.		

Does this report contain confidential or proprietary information? Yes No Are you an officer or manager with authority to act on behalf of the company/entity?

Yes No

*Certification: By checking this box, you certify that the information contained herein is true and correct to the best of your knowledge.*