

# Fraud, Waste and Abuse Reporting Form

**Hernando County Clerk of Circuit Court  
Audit Services Department**  
 20 N. Main St., Rm 201  
 Brooksville, FL 34601  
 Phone: 352-540-6235  
 Fax: 352-754-4223  
 Email: [ehogan@hernandoclerk.org](mailto:ehogan@hernandoclerk.org)  
[mmartin@hernandoclerk.org](mailto:mmartin@hernandoclerk.org)

## Complainant's (Reporting Party's) Information

Although the individual who discovers or reports suspected or known fraudulent, wasteful or abusive activity may choose to remain anonymous, complainants are encouraged not to make reports anonymously as anonymous reports may be difficult to pursue if additional information is required. Only well founded, fully described anonymous reports will receive due and proper consideration.

Full Name: _____	Date: _____		
Address: _____ <i>Last, First</i>			
_____ <i>Street Address</i>	_____ <i>Apartment/Unit #</i>		
Phone: _____ ( ) _____	City _____	State _____	ZIP Code _____
E-mail Address: _____			

### What is your relationship to the suspect:

Co-Worker/County Employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who do you work for? _____	Board <input type="checkbox"/>	Clerk <input type="checkbox"/>
Vendor, Service Provider, Contractor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, your company's name? _____		
Other?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain _____		

## Identification of Person(s) Involved In Suspected Activity

***Please list identification of person(s) involved in the suspected activity.***

Full Name: _____	Job Title: _____	Employer: _____	Supervisor: _____
Full Name: _____	Job Title: _____	Employer: _____	Supervisor: _____
Full Name: _____	Job Title: _____	Employer: _____	Supervisor: _____
Full Name: _____	Job Title: _____	Employer: _____	Supervisor: _____

