

Northern Marianas Housing Corporation

**Community Development Block Grant Disaster Recovery
(CDBG-DR)**

FRAUD, WASTE & ABUSE REPORTING FORM

If you know or suspect someone has committed fraud, waste or abuse related to the Northern Marianas Housing Corporation Community Development Block Grant Disaster Recovery (CDBG-DR) Program, please fill in the complaint form.

Do you wish to remain anonymous?

- Yes
- No

If your answer is “Yes”, it is not necessary to complete the contact information section. It is important to note that we will not be able to contact you if we need additional information about your complaint.

Do you wish to maintain your contact information private?

- Yes
- No

If your answer is “Yes”, your contact information will not be shared outside the CDBG-DR Fraud Investigation Office. Our policy is to honor request for confidentiality and not to release any data that would identify such individuals unless required to do so by order of law.

First Name	
Last Name	
Email Address	
Contact Number	

ALLEGATION DESCRIPTION

Are you a victim of the alleged fraud, waste or abuse?

- Yes
- No

Do you have evidence to support the allegations?

- Yes
- No

Will you be able to provide supporting documents?

- Yes
- No

Please provide information about your relationship with the person/entity who allegedly has committed or is involved in the fraud, waste or abuse:

Please provide a summary of the facts of the alleged fraud, waste or abuse (gain to the person who allegedly committed the fraud, waste, abuse, or mismanagement):

Where did the fraud, waste or abuse occur?

In what date (date or range of dates, time and frequency) did the fraud, waste or abuse happen?

Describe what happened (narrative of complainant's description of incident or scheme). Please include specific details as to who was involved (name(s) and phone(s) number(s), if available), and how did you obtain the information. Incomplete or vague information can result in the inability to investigate the allegations reported. Although proof of an improper activity is not required at the time the incident is reported, anyone reporting fraud, waste, abuse, or mismanagement must have reasonable grounds for doing so.

By submitting this form, you attest that all of the statements made, including any additional pages and/or supporting documentation, are true, complete, and correct to the best of your knowledge. In addition, you recognize that knowingly and willfully making a deliberate or materially false, fictitious, or fraudulent statement or representation in this Complaint Form is a criminal offense for which you may be prosecuted.

In accordance with 2 C.F.R. § 200.303, regarding internal controls of a non-Federal entity, NMHC CDBG-DR is committed to protect all Personally Identifiable Information obtained. This includes, but is not limited to, Social Security Numbers, driver's license numbers, alien registration numbers, financial or medical records, biometrics or criminal history. Although NMHC CDBG-DR maintains a website with acceptable and reasonable precautions to protect your personal information, since no method of transmission over the Internet or storage of data on an Internet server is 100% secure, we do not guarantee its absolute security.

In the alternative, you may visit the NMHC CDBG-DR's Fraud Investigation Office at the 3rd floor of the Ladera Center; or by email at fraudhotline@nmhc.gov.net; or by postal mail to NMHC CDBG-DR Division Office P.O. Box 500514 Saipan, MP 96950, addressed to the CDBG-DR Fraud Investigation Office. All complaints and supporting documentation received in the CDBG-DR Fraud Investigation Office are confidential.