CONFIDENTIAL

FRAUD PREVENTION UNIT / OFFICE OF ENFORCEMENT / STATE WATER BOARD PO Box 100, Sacramento, CA 95812



ReportFraud@waterboards.ca.gov
Hotline: 1-855-263-0863 / Fax: 1-916-341-5896

· E5L8 E9DCEHER: COMPLATNH: CEA

	: F SI 8 F 9DCF FFB; COMPLAINH: CFA				
INFORMANT INFORMATION:					
☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss	Name:				
Address:					
City:		State:	Zip Code:		
Phone:	☐ Work ☐ Cell	Phone: Home Work Cell			
Phone:	☐ Work ☐ Cell	E-mail:			
COMPANY(S) AND/OR PERSON(S) COMPLAINT IS AGAINST:					
Company:					
Address:					
City:		State:	Zip Code:		
Phone:		Website or E-mail:			
☐ PG ☐ PE ☐ CSLB ☐ Other	Person's Name:		Position:		
DESCRIPTION:					
Site Name:			UST Cleanup Fund Claim #:		
Site Name: Address:			UST Cleanup Fund Claim #:		
		State:	UST Cleanup Fund Claim #: Zip Code:		
Address:	ımstances surrounding your complaint.	State:			
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FRAUD REPORTING COMPLAINT FORM

ADDITIONAL INFORMATION:				
Does Complainant Want to Remain Confidential?	will we be able to inform you of any resolution to your	nous reports may be more difficult to investigate and we may not be able to contact you for further information, nor complaint. The Office of Enforcement takes confidentiality nation to the extent allowed by California and federal law.		
Have you complained to the company(s) and/or person(s) involved? ☐ Yes ☐ No				
To Whom?				
What was their response?				
Have you contacted other government agencies?				
If yes, please give the contacts name, agency, and phone number.				
Name:	Agency:	Phone:		
List names, addresses, and phone numbers of other individuals who may have	further knowledge of this matter. Have you contacted t	hem? If so, when?		
Name:	Address:	Phone:		
RESOLUTION:				
What action would resolve this matter to your satisfaction?				
COMPLAINT TRACKING:				
Complaint Received Via:				
Date Complaint Received:	By Whom:	Action Taken:		
Date Resolved:	By Whom:	Outcome:		