



## FRAUD REPORTING FORM

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(Entity/Office Where Suspected Fraud Occurred)

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(Name/Title of Individual Reporting)

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(Contact Information for Person Reporting)

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(Date Form Completed)

Describe the suspected fraud in as much detail as possible. If known include information about the names and positions of the suspected individual(s) involved, dates, amounts, records involved, how the fraud was discovered, etc. Add additional pages if necessary.

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The detailed information received from this report shall be considered confidential working papers of the comptroller of the treasury and is therefore not an open record pursuant to Title 10, Chapter 7.

Mail or Fax the form to either:  
Division of Local Government Audit  
Suite 1500,  
J. K. Polk State Office Bldg.  
505 Deaderick Street  
Nashville, Tennessee 37243-0269

Fax number: 615-741-6216