

**NEW YORK STATE DEPARTMENT OF LABOR
Division of Employment and Workforce Solutions**

INCIDENT REPORT

1. Type of Incident:

- Conduct Violation
- Criminal Violation
- Program Violation

2. Allegation Against:

- DOL Employee
- Contractor
- Grantee
- Other (Specify) _____

Name and position of employee(s), contractor(s), grantee, etc. Include telephone number, email address and other identifying data (*continue on page 2 if necessary*).

3. Location of incident [give complete name(s) and addresses of organization(s) involved].

4. Date and time of incident/discovery:

5. Source of complaint:

- Public
- Contractor
- Grantee
- Program Participant
- Audit
- Investigative Law Enforcement Agency
- Other (specify) _____

Name, telephone, and email address so additional information can be obtained.

6. Contacts with law enforcement agencies [specify name(s) and agency contacted results].

7. Expected concern to DOL:

- Local
- Regional
- National
- Media Interest
- Executive Interest
- GAO/Congressional Interest
- Other (specify)

8. Amount of grant or contract (if known):

Amount of subgrant or subcontract(if know):

9. Persons who can provide additional information (*include custodian of records*):

Include name, job title, organization, address, email and phone number.

10. Additional comments: