

Incident Reporting

ACKNOWLEDGEMENT OF RESPONSIBILITY TO REPORT ALL SUSPECTED OR PROVEN WIOA RELATED FRAUD, ABUSE, OR OTHER CRIMINAL ACTIVITY, OR NON-CRIMINAL ACTIVITY.

I, _____, understand that as an
Name (Print)

Employee who is being paid with Workforce Innovation Opportunity Act (WIOA) funding, I have the responsibility to report all suspected or proven WIOA related fraud, abuse, or other criminal activity, or non-criminal activity including gross waste of funds, mismanagement, and dangers to the public health or safety immediately, or within one working day of detection of the incident, to the Office of the Inspector General of the U.S. Department of Labor, Compliance Review Office of the State Employment Development Department, Workforce Development System, EWDD and declare that I have received a copy of the Economic Development Department, WDS Directive No. 20-18 (dated February 20, 2020) regarding Incident Reporting.

Signature: _____ Date Signed _____

WorkSource/YouthSource Center: _____