



**Thank you for helping fight fraud, waste and abuse in the Restore Louisiana Homeowner Assistance Program.**

**1. What type of fraud, waste or abuse are you reporting?**

- |   |  |   |  |
|---|--|---|--|
| <input type="radio"/> Applicant or other person who provided false information to the Program | <input type="radio"/> Bribery/Corruption               | <input type="radio"/> Conflict of Interest  | <input type="radio"/> Contractor Fraud |
| <input type="radio"/> Someone who profited from insider knowledge about the Program           | <input type="radio"/> False Claims or False Statements | <input type="radio"/> Other type of fraud, waste or abuse (please detail in #2 below) |  |

**2. Please describe the incident you are reporting. It is vital to include as much detail as possible. (Add addtl. pages as needed.)**

3. Name of the person who allegedly performed the suspect activity? \_\_\_\_\_

4. Please provide a way we can locate this person (address, phone, etc.): \_\_\_\_\_

5. When did the suspected activity occur? \_\_\_\_\_

**6. How did you learn about the incident you are reporting to us?**

- |   |   |   |                             |
|---|---|---|-----------------------------|
| <input type="radio"/> Witnessed firsthand | <input type="radio"/> Was told by person with firsthand knowledge | <input type="radio"/> Suspected the incident occurred | <input type="radio"/> Other |
|---|---|---|-----------------------------|

7. Have you reported this allegation to another entity for investigation?  YES  NO

If yes, where and when was it reported? \_\_\_\_\_

8. Do you have any evidence to support this allegation?  YES  NO

*Please include copies of any supporting documents with your completed form.*

9. Please describe the evidence: \_\_\_\_\_

**Contact Information (optional):** Although you may remain anonymous, providing us with your contact information may be VITAL to our successful investigation. Your name, contact information, and your allegation will be kept confidential.

Restore Louisiana Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**You have the right to remain anonymous and if you do so, please be sure to give us complete details so we have enough information to investigate this allegation.**

**PLEASE MAIL THIS COMPLETED FORM  
AND ANY SUPPORTING DOCUMENTS TO:**

**AFWA Manager**  
11100 Mead Road, Ste. 200  
Baton Rouge, LA 70816

*Restore Louisiana supports Fair  
Housing/Equal Employment  
Opportunity/ADA Accessibility*

