

Incident Report

**U.S. Department of Labor**

Office of Inspector General



**For Official Use Only** (When filled in)

1. Date of report

2. Agency designation code (Yr.) (Agency) (Report No.)

3. File Number (For IG use)

4. Type of report

Initial     
  Supplemental     
  Final     
 Other (Specify) \_\_\_\_\_

5. Type of incident

Conduct violation     
  Criminal violation     
  Program violation

6. Allegation against

DOL Employee     
  Contractor     
  Grantee     
  Other (Specify) \_\_\_\_\_

Given name and position of employee(s), contractor(s), grantee, etc. List telephone number, OWCP or other Claim File Number, if applicable, and other identifying data:

7. Location of incident (Give complete name(s) and addresses of organization(s) involved)

8. Date and time of incident/discovery

9. Source of complaint

Public     
  Contractor     
  Grantee     
  Program Participant     
  Audit

Investigative Law Enforcement Agency (Specify)

Other (Specify)

Give name and telephone number so additional information can be obtained.

10. Contacts with law enforcement agencies (Specify name(s) and agency contacted and results)

11. Expected concern to DOL

Local     
  Regional     
  National     
  Media interest     
  Executive interest     
  GAO/Congressional interest

Other (Specify) \_\_\_\_\_

12. DOL Agency involved

SECY     ESA     ETA     ILAB     LMSA     MSHA     OASAM     OIG  
 OSHA     SOL     ASP     BLS     NCEP     WB     OIPA  
 Other (Specify) \_\_\_\_\_

Amount of grant or contract (If known)

\$

Amount of subgrant of subcontract (If known)

\$

13. Persons who can provide additional information (Include custodian of records)

Name	Grade	Position or job title	Employment <sup>1</sup>	Local Address (Street, City, & State) or organization, if employed and telephone number
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<sup>1</sup>Enter one of these codes:

U - Unemployed

G-Grantee

C-Contractor

D - DOL

F-Other Federal Employee

P - Program Participant or  
claimant

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(Complete page 2 of this form)

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14. Details of Incident (Describe the Incident)

If more room is needed attach additional sheets.

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15. Typed name and title of DOL employee

16. Signature of DOL employee

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17. Copies furnished to:

18. Attachments: (List)

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