New York State Unified Court System
Fraud Incident Report

District/OCA Office _____	Preparer _____
Court/Agency_____	Email Address _____
Date _____	Telephone Number_____

Description of the incident and individuals involved

_____
_____
_____
_____

Were parties outside the Court System involved (e.g. contractors, consultants, volunteers)?

_____
_____

How was the incident discovered?

_____
_____
_____

When was the incident discovered?

_____
_____

Are UCS employees involved? Yes No If not, specify individuals_____

Was there financial loss? Yes No If yes, estimated $_____

Source of financial loss (e.g. receipts missing, observations)

_____
_____

Individuals notified of the incident and their job titles?

_____
_____
_____

Please send completed form and attach any relevant information concerning the incident to:

Office of the Inspector General
Internal Audit Services
2500 Pond View, Suite LL01
Castleton on Hudson, NY 12033
E-mail: audit@nycourts.gov
Fax Number: 518-238-4317