



**PUERTO RICO DEPARTMENT OF HOUSING
CDBG-DR PROGRAM**

ANTI-FRAUD, WASTE, ABUSE, OR MISMANAGEMENT SUBMISSION FORM

If you know or suspect someone has committed fraud, waste, abuse, or mismanagement related to the Community Development Block Grant - Disaster Recovery (CDBG-DR) Program and/or operations administered by the Puerto Rico Department of Housing (PRDOH), please fill in the Anti-Fraud, Waste, Abuse or Mismanagement Submission Form (AFWAM Submission Form).

(1) **Do you wish to remain anonymous?** If your answer is "YES", it is not necessary to complete the contact information section. In that case, bear in mind that PRDOH will not be able to contact you in case of needing additional information regarding your complaint.

- YES (You can skip to section B)
 NO

(2) **Do you wish to maintain your contact information private?** If your answer is "YES", your contact information will not be shared outside the Internal Audit Office of CDBG-DR.

- YES
 NO

A-CONTACT INFORMATION (OPTIONAL)

Email Address

First Name Middle Name Both Last Names

Address

City State Zip Code

Primary Phone Secondary Phone

B-ALLEGATION DESCRIPTION

(3) **Are you a victim of the alleged fraud, waste, abuse, or mismanagement?**

- YES NO

(4) Do you have evidence to support the allegations? YES NO

(5) Will you be able to provide supporting documents? YES NO

(6) Please provide information about your relationship with the person/entity who allegedly has committed or is involved in the fraud, waste, abuse, or mismanagement. *

(7) Please provide a summary of the facts of the alleged fraud, waste, abuse, or mismanagement:

i. Where did the fraud, waste, abuse, or mismanagement occur? *

ii. In what date (specific or range of dates) did the fraud, waste, abuse, or mismanagement happen? *

iii. Describe what happened. Please include specific details as to who was involved, and how did you obtain the information. Failure to provide sufficient information or documentation may prevent or delay the investigation of your complaint.*

*If the space provided is insufficient, you may attach additional pages identifying the applicable section or the specific question that you are providing more information.

DISCLAIMER

By submitting this form, you attest that all of the statements made, including any additional pages and/or supporting documentation, are true, complete, and correct to the best of your knowledge. In addition, you recognize that knowingly and willfully making a deliberate or materially false, fictitious, or fraudulent statement or representation in this AFWAM Submission Form is a criminal offense for which you may be prosecuted.

In accordance with 2 C.F.R. § 200.303, regarding internal controls of a non-Federal entity, PRDOH is committed to protect all Personally Identifiable Information obtained. This includes, but is not limited to, Social Security Numbers, driver's license numbers, alien registration numbers, financial or medical records, biometrics or criminal history. Although PRDOH maintains a website with acceptable and reasonable precautions to protect your personal information, since no method of transmission over the Internet or storage of data on an Internet server is 100% secure, we do not guarantee its absolute security.

In the alternative, you may visit the Deputy Audit Director of CDBG-DR's Internal Audit Office at PRDOH Headquarters, located in Barbosa Ave. #606, Juan C. Cordero Dávila Bldg., Río Piedras; or by email at hotlineCDBG@vivienda.pr.gov; or by postal mail to PO BOX 21355, San Juan, PR 00928-1355, addressed to the Deputy Audit Director for CDBG-DR Internal Audit Office. All complaints and supporting documentation received in the CDBG-DR Internal Audit Office are confidential.

PRDOH Hotline is always available at 787-274-2135 (English/Spanish/TTY).