

U.S. Department of Labor Incident Report
[DL 1-156]
Office of Inspector General

For Official Use Only (When filled in) 1. Date of Report _____ 2. Agency designation code _____ 3. File Number _____
 (Yr.) (Agency) (Report No.) (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 Program participant or claimant Other (Specify) _____

Give 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)				Local Address (Street, City, & State)
Name	Grade	Position or job title	Employment	or organization, if employed and telephone number

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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14. Details of incident (Describe the incident)

If more room is needed attach additional sheets.

15. Typed name and title of DOL employee

16. Signature of DOL employee

17. Copies furnished to:

18. Attachments: (List)

