



Administrative Procedure 3517 Incident Reporting

Reference: *Title 20, Code of Federal Regulations (CFR) Sections 667-505 and 667.630*

General, District-Wide Incident Reporting

Employees shall report allegations of fraud, abuse, workplace hazards, criminal activity and non-criminal complaints such as waste, mismanagement of funds, and dangers to public health and safety anonymously by submitting a Report of Unsafe Conditions/Hazard Form (Appendix C) utilizing one of the following methods:

- Submit report to the West Hills Community College District Risk Management Committee; the College Safety Committee; or the College Director of Maintenance and Operations; OR
- Contact CalOSHA by phone at 559-445-5302; by fax at 559-445-5786; or online at www.dir.ca.gov/DOSH/Complaint.htm

The Vice Chancellor of Business Services or Risk Management Committee shall investigate all such reports in a prompt, thorough and confidential manner.

Workforce Investment Act (WIA) Incident Reporting

Employees of an agency receiving WIA funds shall report allegations of WIA-related fraud, abuse and other criminal activity (see Appendix A, Glossary of Terms) anonymously by contacting the Office of Inspector General (OIG) as follows:

- Contact OIG by phone at 1-800-347-3756; by fax at 202-693-5210; or online at: www.oig.dol.gov/hotnet1.htm; OR
- Submit an Incident Report (Appendix B) to both:

Office of Inspector General
United States Department of Labor
200 Constitution Avenue, N.W., Room S-5506
Washington, DC 20210

Attention: Compliance Resolution Unit
Compliance Review Division, MIC 22M
Employment Development Department
PO Box 826880
Sacramento, CA 94280-0001

The Vice Chancellor of Business Services shall submit a written Incident Report Form (Appendix B) within one workday of detection or discovery of an allegation to the Office of Inspector General with a copy mailed to the EDD Compliance Review Division. The Vice Chancellor's report must include a statement of all facts known at the time as well as any estimated or known loss of WIA funds and must include any immediate action taken or planned.

Board approval date: 1/24/06

Glossary of Terms

The federal definitions that follow are provided for use as a guide in the identification of fraud, abuse, and other criminal activity. Since the definitions cannot address every possible activity, questions as to whether an activity is reportable under this policy should be referred to your assigned Workforce Investment Division Regional Advisor for clarification and guidance.

Fraud is any deceitful act or omission, or willful device used with the intent to obtain some unjust advantage for one party, or to cause an inconvenience or loss to another party. Types of fraud include embezzlement, forgery, theft, solicitation and receipt of bribes (kickbacks), and falsification of records and claims regarding trainees (e.g., knowingly enrolling ineligible participants). Criminal fraud is a type of larceny and is punishable under both federal and California law as a felony. Civil fraud is subject to tort actions under civil laws.

Misapplication of Funds is defined as any use of funds, assets, or property not authorized or provided for in the grant or contract. This category includes, but is not limited to, nepotism, political patronage, use of participants for political activity, intentional services to ineligible enrollees, conflict of interest, failure to report income derived from federal funds, violation of contract provisions, maintenance of effort violations, and the use of the Workforce Investment Act (WIA) funds for other than WIA purposes.

Gross Mismanagement is defined as actions, or situations arising out of management ineptitude or oversight, which lead to a major violation of contract provisions and/or which severely hamper accomplishment of program goals. These include situations which lead to waste of government resources and put into serious jeopardy future support for a particular project. This category includes, but is not limited to, unauditible records, unsupported costs, highly inaccurate fiscal and/or program reports, payroll discrepancies, payroll deductions not paid to the Internal Revenue Service or the State of California, and the lack of internal control procedures.

Employee/Participant Misconduct should be considered as actions occurring during or outside work hours, that reflect negatively on the program or its purpose, and may include, but are not limited to, conflict of interest involving outside employment, business and professional activities, and the receipt or giving of gifts, fees, entertainment, and favors; misuse of federal property; misuse of official information; and other activities that might adversely affect the confidence of the public regarding the integrity of government.

Standard of Conduct Violations are violations of terms and conditions stipulated in the subgrant agreement. The relevant stipulations in the subgrant agreement are General Assurances, employment of Former State Employees, Conducting Business Involving Relatives, Conducting Business Involving Close Personal Friends and Associates, Avoidance of Conflict of Economic Interest, and Maintenance of Effort.

INCIDENT REPORT

(Include all facts known at the time and estimated or known loss of WIA funds)

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| <p>1. Type of report (check one)</p> <p><input type="checkbox"/> Initial</p> <p><input type="checkbox"/> Supplemental</p> <p><input type="checkbox"/> Final</p> <p><input type="checkbox"/> Other (specify) _____</p> | <p>2. Type of incident (check one)</p> <p><input type="checkbox"/> Conduct violation</p> <p><input type="checkbox"/> Criminal violation</p> <p><input type="checkbox"/> Program violation</p> |
| <p>3. Allegation against (check one)</p> <p><input type="checkbox"/> Contractor</p> <p><input type="checkbox"/> Program Participant</p> <p><input type="checkbox"/> Other (specify – give name and position of employee(s), list telephone number, Social Security Account number, if applicable, and other identifying data)</p> | |
| <p>4. Location of incident (give complete name(s) and address(es) of organization(s) involved)</p> | |
| <p>5. Date and time of incident/discovery</p> | |
| <p>6. Source of complaint (check one)</p> <p><input type="checkbox"/> Audit <input type="checkbox"/> Contractor <input type="checkbox"/> Program Participant <input type="checkbox"/> Public</p> <p><input type="checkbox"/> Investigative Law Enforcement Agency (specify) _____</p> <p><input type="checkbox"/> Other (specify – give name and telephone number so additional information can be obtained) _____</p> | |
| <p>7. Contact with law enforcement agencies (specify name(s), agency contacted and results)</p> | |
| <p>8. Persons who can provide additional information (include name, position or job title, employment, local address and telephone number)</p> | |
| <p>9. Details of incident (describe the incident)</p> | |

Injury & Illness Prevention Program

REPORT OF UNSAFE CONDITION OR HAZARD

Department: _____
 Name: (optional) _____ Job: _____
 Title: _____

I. Unsafe Condition or Hazard

Location of Hazard: _____

 Building: _____ Floor: _____ Room: _____
 Date and time the condition or hazard was observed: _____

 Description of unsafe condition or hazard: _____

 What changes would you recommend to correct the condition or hazard? _____

 Employee Signature: (optional) _____
 Date: _____

II. Management/Safety Committee Investigation

Name of person investigating unsafe condition or hazard: _____

 Results of investigation (What was found? Was condition unsafe or a hazard?): (Attach additional sheets if necessary.) _____

 Proposed action to be taken to correct hazard or unsafe condition: (Complete and attach a Hazard Correction Report, IIPP Form 4) _____

 Signature of Investigating Party: _____
 Date: _____