

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

Local Address (Street, City, & State) or organization, if employed and telephone number

¹Enter one of these codes:

U - Unemployed

G-Grantee

C-Contractor

D - DOL

F-Other Federal Employee

P - Program Participant or
claimant

(Complete page 2 of this form)

DL 1-156
8/83

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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)
