TO: Service Providers, Workforce Investment Department Staff

SUBJECT: Local Area Responsibility in DOL Incident Report Procedures

EXECUTIVE SUMMARY

Purpose:

This Directive transmits the policy and procedures for local area reporting of known or suspected incidents of fraud, program abuse, or criminal conduct.

Scope:

The standards in this directive apply to all WIA recipients and subrecipients.

Effective Date:

This directive is effective upon release.

REFERENCES:

- Title 20 Code of Federal Regulations (CFR), Sections 667.630, 667.505
- Dept. of Labor, Training and Employment Guidance Letter No. 6-84

TULARE COUNTY WORKFORCE INVESTMENT BOARD, INC. (TCWIB) – IMPOSED REQUIREMENTS:

This directive contains WIB-imposed requirements. These requirements are indicated by **bold, italic type**.

FILING INSTRUCTIONS:

Retain this directive until further notice.
BACKGROUND:

The WIA Section 184 provides for oversight activities initiated by local, State, and Federal entities in the Workforce Investment Act of 1998. In addition, Section 667.630 states in part that "Information and complaints involving criminal fraud, waste, abuse or other criminal activity must be reported immediately through the Department’s Incident Reporting System to the DOL Office of Inspector General, Office of Investigations, Room S5514, 200 Constitution Avenue NW, Washington, D.C. 20210, or to the corresponding Regional Inspector General for Investigations, with a copy simultaneously provided to the Employment and Training Administration."

POLICY AND PROCEDURES:

A. Policy

In order to carry out responsibilities at 20 CFR 667.630 and 667.505, the Tulare County Workforce Investment Board, Inc. is issuing procedures for reporting to ETA Regional Administrators known or suspected incidents of fraud, malfeasance, misapplication of funds, gross mismanagement, or other criminal activities in ETA funded programs. The procedures described in the following section are intended to supplement, but not supplant, other systems of oversight carried out by local, State, and Federal entities.

B. Notification to the DOL Regional Office of Alleged Problems

In order to facilitate the reporting process, DOL has developed procedures and standardized forms for reporting incidents. Any act which raises questions concerning possible illegal expenditures or other unlawful activities should be immediately reported. It is not the intent of the Incident Report (IR) to elicit reports only after determination that an act or allegation is legally prosecutable. All such incidents shall be reported immediately even though the case may be subsequently handled by the Governors, the TCWIB, or local law enforcement agencies.

DOL Form DL 1-156, Incident Report (IR), should be used to notify Regional Administrators (RAs) of all known or suspected cases of fraud, abuse, or other criminal activities in ETA-funded programs (see Attachments I, II, and III – facsimile of DL 1-156, "Use and Preparation of DL Form 1-156, Incident Report”, and Definition of Terms, respectively). The original and one copy of this form should be forwarded to the appropriate RA within one workday of the discovery of the occurrence. The RA, in turn, will immediately distribute the IR in accordance with established DOL procedures.

C. Office of the Inspector General/DOL Hotline

It is anticipated that the incident reporting procedures outlined above will be utilized to report matters to the RA. However, all WIA recipients/subrecipients are requested to notify their employees of the availability of the OIG/DOL Hotline for providing information confidentially. Sufficient copies of a poster which provides information about the Hotline should be displayed in offices.

The Hotline number is 1-800-347-3756, was established for employees and the public to notify the OIG of suspected fraud, abuse, or waste in DOL-funded programs. The Hotline permits reporting of matters anonymously, if desired, to avoid fears of reprisal. Information supplied via the Hotline should be as specific as possible to enable the OIG to identify and solve the problem. The Hotline should not
be used for resolving employee grievances, EEO complaints, labor disputes, or other personnel concerns.

The Employment and Training Administration has published in the Federal Register a notice which describes the procedures outlined above.

**ACTION:**

Bring this directive to the attention of all affected staff and all TCWIB subrecipients.

**INQUIRIES:**

Please direct inquiries about this directive to the Workforce Investment Department, at (559) 713-5200, or 1-800 367-8742.

**JOSEPH H. DANIEL**
Administrator

JHD:VT:mb
ATTACHMENT II

USE AND PREPARATION OF FORM DL 1-156, Incident Report

A. Purpose.
Form DL 1-156 should be used for reporting to Regional Administrators (RAs) incidents of program abuse, fraud, or other criminal violations involving ETA-funded programs and operations.

B. Responsibilities of Governors.
Governors are responsible for reporting all actual or suspected violations to the Regional Administrators using the Incident Report, DL 1-156. While such information may be phoned directly to the RA, these telephone reports should be supplemented by submission of the Incident Report within 72 hours.

C. Use of the incident Report, Form DL 1-156.
1. As an Initial Report
The DL 1-156 is designed primarily as an initial report of actual or suspected violations to inform the RAs that a violation or apparent violation has occurred. It should also be used to initially inform the RAs of cases involving employees, programs, and operations being investigated by or reported in other investigative agencies.

2. As a Supplemental Report
The DL 1-156 should also be used to submit supplemental information not available at the time the original report was submitted. Form DL 1-156 should be used as indicated below.

   (a) It is determined that the matter cannot be resolved at the agency level and the case is administratively closed.

   (b) Supplemental reports should be submitted without awaiting the results of adjudication.

3. As a Final Report
Form DL 1-156 should be used as indicated below.

   (a) An incident is resolved or otherwise settled.

   (b) Final adjudication or imposition of administrative/disciplinary action against the person or organization involved is initiated. When adjudication results become known, the final report should be sent to the RAs indicating the results.

D. Completion of the Incident Report.
Form DL 1-156 should be completed as follows:

Block 1. Enter the date the form is actually signed by the responsible agency official.

Block 2. Enter the fiscal year (e.g., October 1, 1984 – September 30, 1985) in which the report is being submitted, the two letter State abbreviation, and a number to indicate
the chronological sequence of the report (e.g., 84-VT-0001 would show that the report was submitted in Fiscal Year 1984, by Vermont, and was the first report submitted in FY 1984).

**Block 3.** Leave Blank. For use by OIG only.

**Block 4.** Indicate the type of report being submitted by checking the appropriate block. If the report is both an "Initial" and a "Final" report, then place a check in both the initial and final blocks.

**Block 5.** Check appropriate block.

**Block 6.** Check appropriate block.

**Block 7.** Enter the name of the person, recipient, or sub recipient, if applicable, and the location where the incident occurred. A general geographic (city, town) location or mail address should be used.

**Block 8.** Complete as necessary.

**Block 9.** Check appropriate block(s). Public includes press.

**Block 10.** Any information requested by any law enforcement agency should be reported here. Identify the officer and/or agency who made the request. In Block 14, describe what information was requested from and offered to the outside agency.

**Block 11.** Indicate the type of interest/publicity that the incident may generate, or actually has generated, by placing a check in the appropriate block(s). If necessary, a brief statement of explanation may be included in Block 14.

**Block 12.** Check appropriate block.

**Block 13.** Check appropriate block.

**Block 14.** Synopsis – This is a clear, concise statement of the incident which should include:

(a) *(When).* Identify the time and date when the incident occurred; when it was discovered; when it was reported to supervisory personnel, OIG, or other law enforcement agency; and whether an inventory was conducted to determine the extent of loss.

(b) *(What).* Describe the complete incident in as much detail as is available and necessary to give a complete picture of what happened. Cost/value figures should be shown in the appropriate place in Block 12.

(c) *(Who).* Enter the names of those principal personnel who are listed in Block 7 and Block 13, as well as other personnel whose identities are necessary to complete the
narrative and give the reader a complete picture of what happened. Include, when applicable, complete identities of persons/agencies to who the incident is reported or referred. If needed for purpose of clarification, include the reason(s) why non-principal personnel were involved (e.g., fire department personnel who made pertinent determinations in a suspected arson incident).

(d) **(Where)**. Clearly specify the location where the incident occurred (e.g., a certain building, an area/room within a building, a particular contractor, grantee location).

If the direction and distance from an identifiable point of reference (e.g., building, street, intersection, bridge) is known, this should be indicated.

(e) **(Why)**. Frequently the motive for an incident is not readily discernible (e.g., a suicide or property destruction) or it must be deduced from the existing facts and circumstances. If the “why” for an incident is known or suspected, it should be reported. When a suspected motive is reported, the basis/rationale for the suspicion should be noted.

(f) **(How)**. Report the manner/method by which an incident actually or probably was committed and discovered. “How” an incident was discovered and committed and discovered. “How” an incident was discovered and committed should be reported in sufficient detail to assist proper authorities in the development of preventive measures.

(g) **Plan of Action**. Indicate if OPFI or OIG assistance is requested.

**Block 15.** Identify the name, title, address, and telephone number of the official completing the report.

**Block 16.** All copies should be signed by the responsible official for the reporting office.

**Block 17.** Self-explanatory.

**Block 18.** Self-explanatory.

**Continuation.** Entries requiring additional space may be continued at the end of the synopsis entry in Block 14 or on a separate sheet(s) of bond paper. Each continuation sheet should be headed “Continuation” and indicate the Activity Identification Code from Block 2.

E. **Supporting Documentation.**
All documentation (e.g., photographs, drawings) pertinent/relevant to the incident or necessary to clarify the attendant facts should be forwarded with the DL 1-156, if not already provided.

F. **Transmission of Reports.**
Mail copies of the DL 1-156 to the appropriate RA as shown on the following page.

**NOTE:** The copies sent to the RA should be in a sealed envelope within the mailing envelope. In no event should reports be electronically transmitted.
ATTACHMENT III

DEFINITION OF TERMS

For the purpose of completing the Incident Report, fraud, misfeasance, nonfeasance or malfeasance, misapplication of funds, gross mismanagement, and employee/participant misconduct are explained in the following paragraphs. These definitions are illustrative and are not intended to be either fully inclusive or restrictive.*

a. Fraud, Misfeasance, Nonfeasance or Malfeasance.

Fraud, misfeasance, nonfeasance, or malfeasance should be considered broadly as any alleged deliberate action which is apparently in violation of Federal statutes and regulations. This category includes, but is not limited to, indications of bribery, forgery, extortion, embezzlement, theft of participant checks, kickbacks from participants, intentional payments to a contractor without the expectation of receiving services, payments to ghost enrollees, misuse of appropriated funds, and misrepresenting information to official reports.

b. Misapplication of Funds.

Misapplication of funds should be considered as any alleged use of funds, assets, or property not authorized or provided for under the Workforce Investment Act of 1998 (WIA) or regulations, grants, or contracts. This category includes, but is not limited to, nepotism, political patronage, use of participants for political activities, ineligible participants, conflict of interest, failure to report income from Federal funds, violation of contract/grant procedures, and the use of Federal funds for other than specified purposes.

An Incident Report should be filed when it appears that there exists an intent to misapply funds rather than merely a case of minor mismanagement.

c. Gross Mismanagement

Gross mismanagement should be considered as actions or situations arising out of management ineptitude or oversight, leading to major violations of WIA processes, regulations or contract/grant provisions which could severely hamper the accomplishment of program goals. These include situations which lead to waste of Government resources and could jeopardize future support for a particular project. This category includes, but is not limited to, unauditabile records, unsupported costs, highly inaccurate fiscal and/or program reports, payroll discrepancies, payroll deductions not paid to Internal Revenue Service, and the lack of good internal control procedures.

* OIG will focus only on those incidents reported under categories “a” and “b”. ETA will use the information reported on the other types of incidents in order to identify trends and patterns occurring throughout the States for management information purposes.
(d) Employee/Participant Misconduct

Employee/participant misconduct should be considered as actions occurring during or outside work hours that reflect negatively on the Department of Labor, the State, or the WIA program. It may include, but is not limited to, conflict of interest or the appearance of conflict of interest involving outside employment, business, and professional activities, the receipt or giving of gifts, fees, entertainment, and favors, misuse of Federal property, misuse of official information, and such other activities as might adversely affect the confidence of the public, as well as serious violations of Federal and State laws.
Incident Report

1. Date of Report
2. Agency designation code
   (Yr.) (Agency) (Report No.)

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), 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) $ 1,880  Amount in Question
Amount of subgrant or subcontract (if known)

13. Persons who can provide additional information (include custodian of records)
   Name  Grade  Position or job title  Employment
   Name  Grade  Position or job title  Employment

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

   Identification code:
   J-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
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)