

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)
or organization, if employed and
Name Grade Position or job title Employment telephone number

Enter one of these codes:
U-Unemployed G-Grantee C-Contractor D-DOL F-Other Federal Employee P-Program Participant or claimant

For Official Use Only (When filled in)

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)

