**Fraud or Error Notice**

**DOF 20080** (NEW 03/2018)

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| INITIAL NOTICE | UPDATE NOTICE |
| See Sections 1 and 2 | See Section 3, update Section 1 as necessary |
| **Report actual or suspected incidents of: misuse/theft of state assets, damage of state assets, contract/procurement misconduct, employee misconduct, or errors. See instructions at the end of this form.** | | |

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| **Section 1 of 3—Incident Information** *(See Instructions at end of form)* | | | | | | | |
| **COMPLETE THE REQUIRED INFORMATION BELOW**  *If this is an Update Notice, update Section 1 as necessary.* | | | | | | | |
| 1. Agency/Org Code/Business Unit Reporting Incident: | | | | 2. Reporting Date:  Select Date | 3. Incident Date :  Select Date | | 4. Discovery Date :  Select Date |
| *Agency Name:* | *Business Unit:* | | |  |  | |  |
|  | |  | |  |  | |  |
| 5. Incident that Occurred *(Select incident and incident factor by using the drop down lists below):*    5A. Incident: Select Incident  5B. Incident Factor: Select Incident Factor | | | | | 5C. If Other, explain:  Other: | | 6. Actual or Suspected Incident:  Actual  Suspected |
| 7. Location of Incident *(District, Office, Region, etc.)*: | | | 8. Monetary Value of Loss/Damage:  $ | | | 9. Person(s) Involved:  Employee  External Party | |
| 10. Impacted Internal Control:  Select Impacted Internal Control | | | | | | 10A. If Other, explain:  Other: | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 11. Contact Person *(The person able to answer questions regarding the reported information. Legibly print or type):* | | | | | | *First Name:* | *Last Name:* | *Job Title:* | *E-Mail Address:* | *Phone Number:* | | **Section 2 of 3—Initial Notice** *(See Instructions at end of form)* | | | | | | **DESCRIBE THE INITIAL INCIDENT**  *This section is for the Initial Notice only. See Section 3 to complete an Update Notice.* | | | | | | Incident Description *(What and how incident occurred. Attach PDF supporting documentation, if applicable):* | | | | | | Has the incident been resolved? If yes, discuss resolution details above.  Yes  No | | | | | | | | | | | | |

**Fraud or Error Notice**

**DOF 20080** (NEW 10/2017)

**Section 3 of 3—Update Notice** *(See Instructions at end of form)*

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| **INCIDENT UPDATES ARE REQUIRED EVERY 180 DAYS UNTIL INCIDENT IS RESOLVED**  *Attach PDF supporting documentation, if applicable.* |
| Check if any changes to Section 1, Incident Information, have been made since last reported. |
| Date of 1st Update: Select Date  Describe incident update *(What has occurred since last report)*: |
| Has the incident been resolved? If yes, discuss resolution details above.  Yes  No |
| Date of 2nd Update: Select Date  Describe incident update *(What has occurred since last report)*: |
| Has the incident been resolved? If yes, discuss resolution details above.  Yes  No |
| Date of 3rd Update: Select Date  Describe incident update *(What has occurred since last report)*: |
| Has the incident been resolved? If yes, discuss resolution details above.  Yes  No |
| Date of 4th Update: Select Date  Describe incident update *(What has occurred since last report)*: |
| Has the incident been resolved? If yes, discuss resolution details above.  Yes  No |

**Instructions**

**Form Submission**

Submit form DOF 20080 to:

* California Department of Finance, Office of State Audits and Evaluations through e-mail or by mail:
  + E-mail: [slaahotline@dof.ca.gov](mailto:slaahotline@dof.ca.gov)
    - Subject line as “Agency Name, DOF 20080”
    - Attach the completed form and any other relevant documents
  + Mail to: Office of State Audits and Evaluations

California Department of Finance

915 L Street, 6th Floor

Sacramento CA 95814

* California State Auditor through e-mail or by mail:
  + E-mail: [SAMReport@auditor.ca.gov](mailto:SAMReport@auditor.ca.gov)
  + Mail to: Investigations

California State Auditor

P.O. Box 1019

Sacramento, CA 95812

**Completing Form DOF 20080**

Check the appropriate box:

Initial Notice—a new incident has been discovered.

* + Sections 1 and 2 must be completed.
  + See [Initial Notice Instructions](#Text15), below.

Update Notice—a previously reported incident requires an update.

* Update Section 1 as necessary.
* Section 3 must be completed.
* DO NOT UPDATE THE INITIAL INCIDENT DESCRIPTION IN SECTION 2.
  + See [Update Notice Instructions](#Text1), below.

**Section 1—Incident Information Instructions**

Complete boxes 1-11.

1. Agency/Organization Code/Business Unit Reporting Incident—the agency name and corresponding four digit Business Unit. If the Business Unit is unknown, see the [Uniform Codes Manual](http://www.dof.ca.gov/Accounting/Policies_And_Procedures/Uniform_Codes_Manual/Organization_Codes/) at www.dof.ca.gov/Accounting/Policies\_And\_Procedures/Uniform\_Codes\_Manual/Organization\_Codes. The term Business Unit is synonymous with Organization Code.
2. Reporting Date —when the form is being completed and submitted.
3. Incident Date —when the incident occurred. If unknown, enter unknown.
4. Discovery Date —when the incident was discovered by the agency. If unknown, enter unknown.
5. Incident that Occurred
   1. Select the appropriate incident type from the drop down list: misuse/theft, damage, contract/procurement, employee misconduct, or errors.
   2. Select the appropriate incident factor from the drop down list.
   3. If Other is selected, explain.
6. Actual or Suspected Incident—check appropriate box.
7. Location of Incident—identify where the incident took place (city, county, department, district, field office, region, territory, unit, etc.).
8. Monetary Value of Loss/Damage—enter dollar amount rounded to the nearest dollar, whether known or estimated.
9. Person(s) involved—check the appropriate box.
10. Internal Controls Impacted—select the internal control that was impacted due to this incident.
11. If Other is selected, explain.
12. Contact Person—fill in the contact information of the person able to answer questions regarding the reported information.

**Section 2—Initial Notice Instructions**

1. Provide incident information and actions taken.
2. Indicate if the incident has been resolved by checking yes or no.
   1. If yes, provide details in the description section.
   2. If no, an update is required in 180 days.
3. An incident is resolved when either of the following circumstances occurs:
   1. Internal investigation is completed and corrective action is taken.
   2. Referral is made to the proper authority (such as the Attorney General, California Highway Patrol, outside law enforcement, etc.), action has been taken to reduce similar incidents, and collection or other remediation efforts are ended.

**Section 3—Update Notice Instructions**

1. Review and update any boxes in Section 1, as necessary.
2. Go to Section 3. If applicable, check the first box stating that incident information in Section 1 has changed since last reported only if information has been updated in Section 1.
3. Fill out the update text box.
   1. Date of Update—select the current date.
   2. Describe updates or actions taken since the initial notice or prior update.
   3. Indicate if the incident has been resolved by checking yes or no.
      1. If yes, provide details in the update description of how the incident was resolved.
      2. If no, another incident update is required in 180 days.
4. An incident is resolved when either of the following circumstances occurs:
5. Internal investigation is completed and corrective action is taken.
6. Referral is made to the proper authority (such as the Attorney General, California Highway Patrol, outside law enforcement, etc.), action has been taken to reduce similar incidents, and collection or other remediation efforts are ended