# Fraud Reporting Form

|  |  |
| --- | --- |
| **Grant Reference** | *Please enter the grant/project reference number* |
| **Grant holder organisation** | *Please enter name of the grant holder* |
| **Form completed by** | *Please provide the name and job title of the person completing this form* |
| **Incident contact**  | *If different from above, please provide the name, role and contact details of the person responsible for the internal investigation* |
| **Date**  | *Please enter the form completion date* |
| **Location** | *Please state, if known, the town and country where the incident took place* |
| **Summary of Incident** | *Areas to include where possible:**What has happened? – please describe the nature of the event or suspicions?**When did it occur?* *Who was involved and, if relevant, what position in the organisation do they hold?* |
| **Downstream Partner name** | *If applicable, please enter the name of the downstream partner involved in the allegation* |
| **Steps Taken** | *Has any immediate action been taken? If so, please describe.* |
| **Total value of loss** | *If known, please state full value of any potential loss incurred in local currency and GBP* |
| **FCDO funding involved** | *If known, please state full value of the potential loss to FCDO in local currency and GBP* |