

**AUDITS AND INVESTIGATIONS**



**Chapter 700 - Allegations of Wrongdoing or Misconduct, Incident Reporting, and Whistleblower Protection**

**ETA INSTRUCTIONS FOR OIG 1-156 INCIDENT REPORT (IR)**

**1. Using the Incident Report Form: The OIG 1-156 Incident Report Form should be used for filing:**

(a) Initial Incident Report: Form OIG 1-156 is designed primarily as an initial report to inform the Employment and Training Administration's (ETA) Office of Financial and Administrative Management (OFAM) and the Office of the Inspector General (OIG) that a violation or apparent violation has occurred. It should also be used to inform OFAM and OIG of cases involving ETA employees, programs, and operations being investigated by or reported to other investigative agencies.

(b) Supplemental Incident Report: Once the initial Form OIG 1-156 has been filed Form OIG 1-156 should be used:

- (1) To provide supplemental information not available at the time of the original report.
- (2) If the matter cannot be resolved at the agency level and the case goes to litigation or arbitration at another level, supplemental reports will be submitted without awaiting results of adjudication or arbitration.

(c) Final Incident Report: Form OIG 1-156 should be used when:

- (1) An incident is resolved, or otherwise settled.
- (2) Adjudication and arbitration results are known and all requirements of such adjudication or arbitration have been completed.

**2. Completing the Incident Report Form:**

The agency designation code requested in block 2 is assigned by the office preparing the form and should include the fiscal year in which the report is being submitted, the agency acronym, and a number to indicate the chronological sequence of the report (for example, 09-CHI-ETA-01 would show that the report was submitted in Fiscal Year (FY) 2009, by Chicago, ETA, and was the first report they submitted in FY 2009, and 09-OWI-ETA-02 would show that the report was submitted in FY 2009 by the Office of Workforce Investment (OWI), ETA/NO, and was the second report OWI submitted in FY 2009).

Block 16 should be signed on all copies by the responsible official for the office unless the employee believes he/she should send the form directly to the OIG and OFAM.

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. Head each additional sheet "Continuation" and give the Agency Identification Code from Block 2.

### **3. Transmitting the Completed Incident Report Form:**

For IRs originating in a region or concerning a regional office (RO) program, the Regional Administrator/Regional Apprenticeship Director (RA/RD) should send the original signed OIG 1-156 via a transmittal memorandum to the Special Agent-In Charge (SAC) of the OIG's Regional Office of Labor Racketeering and Fraud Investigations within two days of discovery or receipt of the incident report and simultaneously forward copies to OFAM and the Office of Regional Management (ORM) or the Office of Apprenticeship (OA).

For IRs originating in the national office (NO) or concerning an NO program, the originating office should send the original signed OIG 1-156 to OFAM within two days of discovery or receipt of the incident report and simultaneously forward copies to ORM or OA. OFAM will send the original IR to the OIG within two working days of receipt.

See Attachment E for SAC and other OIG addresses.

Mail ETA NO copies to:

Office of Financial and Administrative Management  
200 Constitution Avenue, N.W., Room N-4653  
Washington, D.C. 20210  
ATTENTION: OGM

Office of Regional Management  
200 Constitution Avenue, N.W., Room C-4517  
Washington, D.C. 20210

or

Office of Apprenticeship  
200 Constitution Avenue, N.W., Room N-5311  
Washington, D.C. 20210

Note: If the report concerns Department of Labor staff, the copies for the ETA NO should be sent in a sealed envelope addressed to the Administrator of OFAM with a notation on the envelope "TO BE OPENED BY ADDRESSEE ONLY."

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 <sup>1</sup>	Local Address (Street, City, & State) or organization, if employed and telephone number
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<sup>1</sup>Enter one of these codes:

U - Unemployed

G-Grantee

C-Contractor

D - DOL

F-Other Federal Employee

P - Program Participant or  
claimant

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(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.

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15. Typed name and title of DOL employee

16. Signature of DOL employee

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17. Copies furnished to:

18. Attachments: (List)

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