

### Complaint Form Allegation of Fraud, Waste or Abuse in the Reporting of Medicaid

Please complete the information below for the investigation of any allegation of fraud, waste or abuse in the reporting of Medicaid:

**Contact Information** (*while optional, in order for you to receive a response you must provide your contact information. Also, without contact information, we cannot obtain follow-up information to investigate your claim*):

\_\_\_\_\_

Please provide the information requested below.

**The name, position and work location of the alleged perpetrator:** \_\_\_\_\_

\_\_\_\_\_

**A complete description of the alleged act:** \_\_\_\_\_

\_\_\_\_\_

**A description of how you discovered the alleged act:** \_\_\_\_\_

\_\_\_\_\_

**As closely as you can determine, the date and time that the alleged act occurred:** \_\_\_\_\_

\_\_\_\_\_

**As closely as you can determine, the value of the school system assets that have been compromised:**

\_\_\_\_\_

**The names of any supervisory personnel to whom you have previously reported the alleged act** (*if none, so state*): \_\_\_\_\_

\_\_\_\_\_

**Your name, address, telephone and e-mail address** (please note this is optional): \_\_\_\_\_

\_\_\_\_\_

Please send the completed form to Gail Mathias, Medicaid Compliance Officer at 70 Malta Avenue, Ballston Spa, New York 12020 or by e-mail at [gmathias@bscsd.org](mailto:gmathias@bscsd.org).

For **anonymous, good faith reporting**, please complete the "Complaint Form" and mail it to Gail Mathias, Medicaid Compliance Officer for the Ballston Spa Central Schools, at Ballston Spa Central School District, 70 Malta Avenue, Ballston Spa, NY 12020. Please **do not include a return address on the envelope**.

Thank you for reporting your concern.