



Minority- and Women-Owned Business Enterprise (MWBE) FRAUD COMPLAINT FORM

Please make sure to fill out all the "Required" fields.

Please check off appropriate sections.

Required: What type of MWBE activity does your allegation involve?

Table with 2 columns: checkbox, description of MWBE activity (e.g., acting on behalf of a non-certifiable entity, misrepresentation, etc.)

Required: Have you filed this complaint with another office or entity? [] Yes [] No

If so, please indicate which one and the date of your report:

Empty rectangular box for reporting details.

Required: Please select one of the following:

- Three radio button options regarding confidentiality and contact information release.

Optional: If you choose to remain anonymous, you do not have to fill out identifying information.

Form with fields for: Your Name, Company, Email Address, Street Address, City/State/Zip Code, Phone Number

Required: Enter allegations in the text box below:

- Please state your complaint clearly and concisely.
- You should enclose copies of all relevant documents - do not submit any original documents.

Note: If you did not choose to remain anonymous, please provide any special contact instructions in case we need further information or details, in the box above.