

**DEPARTMENT OF JUSTICE
CORPORATE WHISTLEBLOWER AWARDS PILOT PROGRAM**

Intake Form

Effective August 1, 2024

Please complete this form and submit the form and any supporting materials to:

CorporateWhistleblower@usdoj.gov

General Information about the Whistleblower

1. Whistleblower Information

Name: _____

Mailing Address: _____

Phone number/E-mail address: _____

Occupation: _____

2. Are you represented by counsel in connection with this report? Yes No

If yes, provide the name and contact information for the attorney: _____

3. If you are proceeding anonymously, provide the name of your counsel representing you in this matter. You cannot proceed anonymously without counsel. _____

General Information about the Reportable Conduct, Event, or Activity

4. Does your information relate to one of the following required areas:

Violations by financial institutions, their insiders, or agents, including schemes involving money laundering, anti-money laundering compliance violations, registration of money transmitting businesses, and fraud statutes, and fraud against or non-compliance with financial institution regulators;

Violations related to foreign corruption and bribery by, through, or related to public or private companies, including violations of the Foreign Corrupt Practices Act, violations of the Foreign Extortion Prevention Act, and violations of the money laundering statutes;

Violations committed by or through public or private companies related to the payment of bribes or kickbacks to domestic public officials, including but not limited to federal, state, territorial, or local elected or appointed officials and officers or employees of any government department or agency; and

Violations related to (a) federal health care offenses and related crimes involving private or other non-public health care benefit programs, where the overwhelming majority of claims are submitted to private or other non-public health care benefit programs, (b) fraud against patients, investors, and other non-governmental entities in the health care industry, where the overwhelming majority of the actual or intended loss was to patients, investors, and other non-

governmental entities, and (c) any other federal violations involving conduct related to health care not covered by the Federal False Claims Act, 31 U.S.C. § 3729, et seq.

No. My information relates to _____

5. Tell us about your complaint or tip, including:

a. Brief description of misconduct: _____

b. Date(s) the misconduct happened: _____

c. When you learned of the conduct: _____

d. How you learned of the conduct: _____

e. Is the conduct ongoing? If not, approximately when did it end? _____

f. All the facts relevant to the alleged misconduct and why you think the acts are criminal. Use additional pages if necessary. _____

6. What companies or people are involved in the misconduct?

a. Name of companies or people: _____

b. Description of involvement if not outlined above: _____

c. Address: _____

d. Telephone number: _____

e. E-mail address: _____

7. Describe all supporting materials that you have and any supporting material that are not in your possession (if not in your possession, identify who has the material and where can they be found). Use additional pages if necessary. _____

8. How did you obtain (a) the information that you are providing today and (b) the materials that support your report. _____

9. If you received any of the information from an attorney or in a communication where an attorney was present, identify that information as clearly as possible. Do you believe there is an exception under the applicable state attorney conduct rules that allows you to share this information? _____

10. If you received any of the information from a public source, identify the source and provide information about how to access that source. _____

Other Relevant Questions

11. Have you reported the conduct at issue in this submission to your supervisor, compliance office, whistleblower hotline, ombudsman, or any other available mechanism for reporting possible violations at the company you are complaining about? Yes No

If yes, provide the date on which you provided the information, the person(s) to whom you made the report, and the outcome, if any, of the report. _____

12. Has anyone taken any steps to prevent or stop you from disclosing the information either internally within the company or to any other law enforcement authority? Yes No

If yes, provide detail and describe what happened. _____

13. Did anyone retaliate against you for reporting the conduct at issue? Yes No

If yes, provide detail and describe what happened. _____

14. Have you reported the conduct at issue in this submission to any other federal, state, local, tribal, or international law enforcement agencies or authorities? Yes No

If yes, list the agency, including any contact information of government counsel or investigators and the agency-specific reference number for the tip. _____

I agree to update the Department if I report to another agency after making this report within seven days of my report to another agency. Yes No

15. Has any other agency or organization requested information about your submission or related information from you? Yes No

If yes, provide the date on which you received the request, the person(s) who requested the information, the date of your response (if any) and the outcome, if any, of your response. _____

Program Eligibility

16. At the time you acquired the information that is the subject of your submission, did you have a management or decision-making role over the personnel or offices involved in the misconduct?

Yes No If yes, describe and provide additional information. _____

17. At the time you acquired the information that is the subject of your submission, were you (a) a Department of Justice official, employee, or contractor at any level—including any federal law enforcement employee, (b) a spouse, parent, child, or sibling of the Department official, employee, or contractor, or (c) residing in the same household as the Department official, employee, or contractor?

Yes No If yes, describe and provide additional information. _____

18. At the time you acquired the information that is the subject of your submission, were you an elected or appointed foreign government official? Yes No

If yes, describe and provide additional detail. _____

19. Did you participate in the conduct being reported? Yes No

If yes, describe your role and level of involvement in the activity. Be sure to address whether you directed, planned, initiated, or knowingly profited from the activity. _____

20. Did you obtain the information from a person described or identified in questions 17 through 19?

Yes No If yes, describe and provide additional detail. _____

21. Did you obtain the information in connection with the legal representation of a client on whose behalf you or your employer or firm are providing services? Yes No

If yes, describe and provide additional detail. _____

22. Is any of the information you are providing today subject to a claim of attorney-client privilege by a third party (for example, the company at which you work)? Yes No

If yes, describe and provide additional detail. _____

23. Did you obtain the information from an allegation made in a judicial or administrative hearing, in a government report, hearing, audit, or investigation, or in the news media? Yes No

If yes, were you the source or information? _____

24. Did you obtain the information because:

Yes <input type="checkbox"/> No <input type="checkbox"/>	a. You were an officer, director, trustee, or partner of a company and another person informed you of allegations of misconduct or you learned the information in connection with the company's processes for identifying, reporting, and addressing possible violations of law? You were an employee whose principal duties involve compliance or internal audit responsibilities?
Yes <input type="checkbox"/> No <input type="checkbox"/>	b. You were employed by or otherwise associated with a firm retained to perform compliance or internal audit functions for a company?
Yes <input type="checkbox"/> No <input type="checkbox"/>	c. You were employed by or otherwise associated with a firm (including a legal, consulting, accounting, or other third-party entity or firm) retained to conduct an inquiry or investigation into possible violations of law and the information relates to or derives from that retention?
Yes <input type="checkbox"/> No <input type="checkbox"/>	d. You were an employee of, or other person associated with, a public accounting firm, if you obtained the information through the performance of an engagement required of an independent public accountant and that information relates to a violation by the engagement client or the client's directors, officers or other employees?

If you answered "yes" to any subsection of Question 24, describe and provide additional detail, including whether you: (1) have a basis to believe that the disclosure of this information to the Department is necessary to prevent criminal conduct that will harm national security, result in crimes of violence, cause imminent harm to patients, or imminent financial harm; (2) have a basis to believe that someone from whom you received the information is impeding an investigation; or (3) are a

person identified in 24(a) or 24(b) and 120 days have passed since you provided the information to your supervisors, or the company's compliance, legal, or audit department.

25. Did you obtain the information or know that the information was obtained in a way that violates federal or state criminal law? Yes No

If yes, describe and provide additional information. _____

26. Are you required to report the information to the Department, any Department component, or any federal law enforcement or civil enforcement agency? Yes No

If yes, describe and provide additional information. _____

[Signature and Attestation Page Follows]

Signature and Attestation

By checking this box, I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that I have reviewed the requirements and eligibility conditions for consideration under the Corporate Whistleblower Awards Pilot Program, and the information I have provided is true and correct.

Executed on: _____
[Date]

[Signature]

[Printed Name]

Signature and Attestation if Submitted by Counsel

By checking this box, I declare (or certify, verify, or state) that I have reviewed the requirements and eligibility conditions for consideration under the Corporate Whistleblower Awards Pilot Program with my client, and that my client has affirmed under penalty of perjury under the laws of the United States of America that the information my client has provided is true and correct. I have a copy of this attestation signed by my client on file and available to the Department if requested.

Executed on: _____
[Date]

[Signature]

[Printed Name]

PRIVACY ACT STATEMENT

The authority by which information is collected on this website form is 5 U.S.C. § 301 and 44 U.S.C. § 3101. Your disclosure of information to the Department of Justice on this form is voluntary. If you do not complete all or some information fields in this form, however, the Department of Justice may not be able to effectively respond.

The principal purpose for collecting this information on this form is to collect, review, and respond to correspondence received by the Department regarding potential criminal conduct to assist the Department in making an initial award eligibility determination. In addition to disclosing this information to the appropriate officials and employees within the Department for the purposes of controlling, tracking, responding to, and maintaining the Department's correspondence, the routine uses which may be made of the information collected on this form include, but are not limited to: any civil or criminal law enforcement authority or other appropriate agency where a record, either on its face or in conjunction with other information, indicates a violation or potential violation of law; to contractors and others performing or working on an assignment for the Federal government; and under such circumstances and procedures as are mandated by federal statute.

The full list of routine uses for this correspondence can be found in the System of Records Notice titled, JUSTICE/DOJ-003, "Correspondence Management Systems (CMS) for the Department of Justice," [*66 Fed. Reg. 29992*](#) (6-04-2001); [*66 Fed. Reg. 34743*](#) (6-29-2001); [*67 Fed. Reg. 65598*](#) (10-25-2002); [*82 Fed. Reg. 24147*](#) (5-25-2017).