

**US Department of Health & Human Services**  
**Office of Inspector General**

**FDA**  
**OIG REFERRAL COVERSHEET**

OMA/DPI Case #

**INDIVIDUAL MAKING REFERAL:**

<b>Referring Party Name:</b>	<b>Referring Office:</b> OAGS/Grants Management
<b>Referring Office Address:</b>	<b>Office Phone:</b>

**SOURCE OF ALLEGATION:**

<b>Agency Name (if known, otherwise N/A):</b>	<b>Agency Address/Email:</b>
<b>Date Received:</b>	<b>Agency POC Telephone #:</b>

**SUBJECT OF ALLEGATION**

<b>Subject Full Legal Name:</b>	<b>Subject Address and/or Identifying Information:</b>
<b>Employer/Title/Position:</b>	<b>Supervisor:</b>

**INFORMATION ABOUT ALLEGATION**

<b>Type of Allegation</b>	<b>Description (please cite specific policy/regulation/statute/etc. violated)</b>
<input type="checkbox"/> <b>Violation of Criminal Ethic Statutes</b>	
<input type="checkbox"/> <b>Violation of Government Regulation</b>	
<input type="checkbox"/> <b>Violation of Department Policy</b>	
<input type="checkbox"/> <b>Criminal Offenses</b> (bribery; fraud; financial conflicts of interest; embezzlement; certain misuse of funds, equipment, and facilities; perjury; and other violations of criminal law by NIH employees, grantees, contractors, or others doing business with NIH)	
<input type="checkbox"/> <b>Misuse of Grant and Contract Funds</b> (any unauthorized or inappropriate use of grant or contract funds that violate Federal grant or contract regulations, HHS and/or NIH grant or contract policy, or the terms of the award, and violations of grant or contract regulations or policies.)	
<input type="checkbox"/> <b>Foreign Influence</b>	
<input type="checkbox"/> <b>Other Fraud Indicators/Red Flags</b>	
<input type="checkbox"/> <b>Other Reason for Referral</b>	
<input type="checkbox"/> <b>No audit or investigation was done by FDA. No documents were gathered by FDA other than the attached allegation and documents from the complainant.</b>	

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**Brief/generic summary of allegation and review/investigation undertaken by FDA (attach any review documents below):**

**ATTACHMENTS:**

FDA Case File Number (XX-XXX) Exhibits/Documentation Attached:	Description of Document (for OIG Information):
<b>Examples:</b>	
A: Allegation Intake	Original Complaint/Allegation
B: NIH Personelle Docs	Includes approved travel, ethics and financial disclosures, time and attendance, etc.
C: Emails	Emailes between dates ( xx – xx ) for all correspondence of (subject) retrieved from NIH email account <a href="mailto:xxx@fda.hhs.gov">xxx@fda.hhs.gov</a>

Investigator will submit to: Director, Special Investigations Branch  
DHHS/OIG/OI/SIB  
(*Through OIG portal*)