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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-01261 (01/2019) | **STATE OF WISCONSIN** | |
| **FRAUD STATEMENT – IRIS PROGRAM** | | |
| Any citizen with information concerning the fraud, waste, or abuse of IRIS funds has the responsibility to report the fraudulent activity. This form is one method that can be used to report fraud. You can also call the Office of Inspector General at: 1-877-865-3432. | | |
| To report fraud to the IRIS Program, please complete this form. If you have questions or need assistance completing this form, please feel free to contact your IRIS consultant or the IRIS call center at 1-888-515-4747. | | |
| Completion of this form is voluntary. Personally identifiable information on this form is collected to contact individuals with pertinent information regarding the allegations, and will be used only for this purpose. IRIS program representatives will keep your identity confidential. Once you have completed the form, it can be emailed to: [DHSIRISQuality@dhs.wisconsin.gov](mailto:DHSIRISQuality@dhs.wisconsin.gov) or mailed to: IRIS Program, Attn: Quality, P.O. Box 7851, Madison, WI 53707-7851. | | |
| **SECTION I –DEMOGRAPHICS** | | |
| Reporter’s Name (Last, First) | Reporter’s Phone Number | |
| Reporter’s Address | Reporter’s Email Address | |
| Reporter’s City/State/Zip | Best Time to Contact | |
| **SECTION II – PARTICIPANT INVOLVED** | | |
| Participant’s Name (Last, First) | | |
| **SECTION III – INDIVIDUAL ALLEGED TO HAVE COMMITTED FRAUD** | | |
| Name of Individual Alleged to Have Committed Fraud | | |
| **SECTION IV – SUMMARY OF ALLEGED FRAUD** | | |
| Please describe the fraudulent activity to the best of your knowledge (include what fraudulent activity occurred, when the fraudulent activity occurred, who allegedly committed the fraud, and the names of other individuals who may have knowledge of the fraudulent activity.) | | |
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| My signature indicates that the information provided above is true and accurate to the best of my knowledge. I understand that my identity will remain confidential and that Fraud Allegation Review and Assessment representatives from the participant’s fiscal employer agent or IRIS consultant agency may contact me for further information. | | |
| **SIGNATURE** – Reporter | | Date Signed |
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| Information contained in email messages may be privileged and confidential. There is some risk that any information in an email you send may be disclosed to, or intercepted by, unauthorized third parties. By agreeing to allow the use of e-mail as a method of communication to WI DHS, this indicates that you acknowledge and accept the possible risks associated with such communication. | | |