



North Carolina Department of Commerce
Division Of Workforce Solutions

DWS Policy Statement Number: PS 15-2015

Date: August 14, 2015

Subject: Incident Reporting Process

From:


William H. Collins, Jr. Assistant Secretary of Workforce Solutions

Purpose: To transmit state policy, procedures, and guidance for reporting alleged or suspected program fraud or abuse of Workforce Innovation and Opportunity Act (WIOA) resources to the N.C. Division of Workforce Solutions and to rescind Local Area Issuance No. 2009-05.

Background: The U.S. Department of Labor (USDOL) requires each state, local Workforce Development Board (WDB) and subrecipient to report all actual or suspected incidents of program abuse, fraud, or other criminal violations involving its Employment and Training Administration (ETA) funded programs and operations. Incidents should be reported on USDOL Form OIG 1-156, Incident Report (IR). The N.C. Division of Workforce Solutions is responsible for reporting that a violation or apparent violation has occurred to the ETA Regional Administrators (RAs) using the Incident Report Form within seventy-two (72) hours of the alleged incident. References: USDOL Training and Employment Guidance Letter (TEGL) No. 2-12.

Action: USDOL has developed procedures and standardized forms for reporting incidents. Any act which raises questions concerning possible illegal expenditures or other unlawful activities should be reported immediately. A written incident report form (DL 1-156) shall be prepared by the local WDB Director or designated staff member, within one business day of detection or discovery of information alleging fraud, abuse, or other criminal activity involving WIOA funds.

The report must be submitted on the USDOL DL 1-156 form provided as Attachment A using instructions outlined in Attachment B and submitted to:

Attention: Director of Field Operations
North Carolina Division of Workforce Solutions
313 Chapanoke Road, Suite 120
Raleigh, North Carolina 27603

Division staff will record any incident report it receives in the WIOA Incident Report Log and forward the incident report to USDOL/ETA, Region 3 and the General Counsel for the N.C. Department of Commerce, within one working day of receipt. The General Counsel will notify the State Bureau of Investigation (SBI) in writing within the ten days of being notified by the Division of Workforce Solutions. The SBI may investigate and if the investigation reveals a violation of criminal laws, the appropriate district attorney will be contacted for further legal action. However, Division staff may have to contact the reporting entity for clarification or additional details prior to forwarding it to USDOL Region 3 and the N.C. Commerce CFO. Concurrently, with its transmittal of the incident report to USDOL Region 3, the N.C. Division of Workforce Solutions will, when applicable, notify the reporting entity to take appropriate action to recover misspent funds, or to contain its financial liability.

To prevent further financial loss or other damage, or recovery of funds or property, the reporting entity has the responsibility to take any action it deems appropriate, including contacting the appropriate local law enforcement agency. Any immediate action taken or planned by the reporting entity must be reported to the N.C. Division of Workforce Solutions when the incident report is submitted.

All local WDB staff shall notify employees and Career Center partners of the availability of the Office of Inspector General (OIG)/USDOL Hotline for providing information confidentially. The OIG/USDOL National Hotline number is 1-866-487-2365. A report may be filed with the OIG by use of the internet at: <http://www.oig.dol.gov/hotlineform.htm>.

The National Hotline was established for employees and the public to notify the OIG of suspected fraud, abuse, or waste in any programs funded by the USDOL. Information supplied via the Hotline should be as specific as possible to enable the OIG to identify and solve the problem. The Hotline should not be used for resolving employee grievances, Equal Employment Opportunity complaints, labor disputes, or other personnel concerns.

Effective Date: Immediately

Expiration Date: Indefinitely

Contact: Director of Field Operations

Attachment A: Federal Incident Report (DL 1-156) Form

Attachment B: Federal Form DL 1-156 Instructions

U.S. Department of Labor Incident Report

DL 1-1561

Office of Inspector General

For Office Use Only (When filled in) 1. Date of Report (Yr.) (Agency) 2. Agency designation code (Report No.) 3. File Number (For JG use)

4. Type of report

Initial Supplemental Final Other (Specify) _____

5. Type of Incident Conduct violation Criminal violation Program violation

6. Allegation against

DOL Employee Contractor Grantee Program participant or claimant Other (Specify) _____

Give name and position of employee(s), grantee, etc. List telephone number, OWCP or other Claim File Number, if applicable and other identifying data:

7. Location of incident. (Give complete name(s) and addresses of organization(s) involved.)

8. Date and time of incident/discovery

9. Source of complaint Public Contractor Grantee Program Participant Audit

Investigative Law Enforcement Agency (Specify) _____

Other (Specify) _____

Give name and telephone number so additional information can be obtained.

10. Contacts with law enforcement agencies (Specify name(s) and agency contacted and results)

11. Expected concern to DOL

Local Regional National Media interest Executive interest GAO/Congressional interest

Other (Specify) _____

12. DOL Agency involved

OSECY DESA DETA DILAB DLMSA DMSIIA DOASAM DOIG

DOSIIA OSOL DASP DBLS DNCEP DWB DOIPA

Other (Specify) _____

Amount of grant or contract (if known) \$ _____ Amount of subgrant or subcontract (if known) \$ _____

13. Persons who can provide additional information (Include custodian of records)

Local Address (Street, City & State or organization, if employed and telephone number)

Name Grade Position or job title Employment

Enter one of these codes:

U-Unemployed G-Grantee C-Contractor D-DOLF-Other Federal Employee P-Program Participant or claimant

(Complete page 3 of this form)

DL 1-156

Rescinded

For Official Use Only (When filled in)

14. Details of incident (Describe the incident)

Rescinded

If more room is needed attach additional sheets.

15. Typed name and title of DOL employee

16. Signature of DOL employee

17. Copies furnished to:

18. Attachments: (List)

Attachment B - DL 1-156 Instructions

Form DL 1-156 should be completed as follows:

Block 1. Enter the date the form is actually signed by the responsible agency official.

Block 2. Enter the fiscal year (e.g., October 1, 2015 – September 30, 2016) in which the report is being submitted, the two letter State abbreviation, and a number to indicate the chronological sequence of the report.

Block 3. Leave Blank. For use by OIG only.

Block 4. Indicate the type of report being submitted by checking the appropriate block. If the report is both an "Initial" and a "Final" report, then place a check in both the initial and final blocks.

Block 5. Check appropriate block.

Block 6. Check appropriate block.

Block 7. Enter the name of the person, recipient, or sub recipient, if applicable, and the location where the incident occurred. A general geographic (city, town) location or mail address should be used.

Block 8. Complete as necessary.

Block 9. Check appropriate block(s). Public includes press.

Block 10. Any information requested by any law enforcement agency should be reported here. Identify the officer and/or agency who made the request.

Block 11. Indicate the type of interest/publicity that the incident may generate, or actually has generated, by placing a check in the appropriate blocks(s). If necessary, a brief statement of explanation may be included in Block 14.

Block 12. Check appropriate block.

Block 13. Complete as necessary.

Block 14. Synopsis – This is a clear, concise statement of the incident which should include:

(a) (When). Identify the time and date when the incident occurred; when it was discovered; when it was reported to supervisory personnel, OIG, or other law enforcement agency; and whether an inventory was conducted to determine the extent of loss.

(b) (What). Describe the complete incident in as much detail as is available and necessary to give a complete picture of what happened. Cost/value figures should be shown in the appropriate place in Block 12.

(c) (Who). Enter the names of those principal personnel who are listed in Block 7 and

Block 13, as well as other personnel whose identities are necessary to complete the narrative and give the reader a complete picture of what happened. Include, when applicable, complete identities of persons/agencies to whom the incident is reported or referred. If needed for purpose of clarification, include the reason(s) why nonprincipal personnel were involved (e.g., fire department personnel who made pertinent determinations in a suspected arson incident).

(d) (Where). Clearly specify the location where the incident occurred (e.g., a certain building, an area/room within a building, a particular contractor, grantee location).

If the direction and distance from an identifiable point of reference (e.g., building, street, intersection, bridge) is known, this should be indicated.

(e) (Why). Frequently the motive for an incident is not readily discernible (e.g., a suicide or property destruction) or it must be deduced from the existing facts and circumstances. If the "why" for an incident is known or suspected, it should be reported. When a suspected motive is reported, the basis/rationale for the suspicion should be noted.

(f) (How). Report the manner/method by which an incident actually or probably was committed and discovered. "How" an incident was discovered and committed should be reported in sufficient detail to assist proper authorities in the development of preventive measures.

(g) Plan of Action. Indicate if OPFI or OIG assistance is requested.

Block 15. Identify the name, title, address, and telephone number of the official completing the report.

Block 16. All copies should be signed by the responsible official for the reporting office.

Block 17. Self-explanatory.

Block 18. Self-explanatory.

Entries requiring additional space may be continued at the end of the synopsis entry in Block 14 or on a separate sheet(s) of bond paper. Each continuation sheet should be headed "Continuation" and indicate the Activity Identification Code from Block 2.

E. Supporting Documentation

All documentation (e.g., photographs, drawings) pertinent/relevant to the incident or necessary to clarify the attendant facts should be forwarded with the DL 1-156, if not already provided.