U.S. Department of Labor Incident Report
[DL 1-156]
Office of Inspector General

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

4. Type of report

ð Initial ð Supplemental ð Final ð Other (Specify) _____

5. Type of incident ð Conduct violation ð Criminal violation ð Program violation

6. Allegation against
ð DOL Employee ð Contractor ð Grantee ð Program participant or claimant ð Other (Specify)_____

Give name and position of employee(s), contractor(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 ð Public ð Contractor ð Grantee ð Program Participant ð 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
ð Local ð Regional ð National ð Media interest ð Executive interest ð GAO/Congressional interest

ð Other (Specify) _____

12. DOL Agency involved
ð SECY ð ESA ð ETA ð ILAB ð LMSA ð MSHA ð OASAM ð OIG
ð OSHA ð SOL ð ASP ð BLS ð NCEP ð WB ð OIPA
ð Other (Specify) _____

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

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

Name	Grade	Position or job title	Employment	Local Address (Street, City, & State) or organization, if employed and telephone number

Enter one of these codes:
U-Unemployed G-Grantee C-Contractor D-DOL F-Other Federal Employee P-Program Participant or claimant

(Complete page 2 of this form)

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14. Details of incident (Describe the incident)

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)