

Internal Affairs: Texas Youth Camp Waste, Abuse and Fraud Referral Form

This is a 2 part form.

On the first form (Part I), you will be asked to enter:

- name of person providing information,
- additional contact person information (if available),
- the name of the person completing the form (if different from the person providing the information),
- law enforcement information (if available)
- indicate if law enforcement was notified,
- witness information (if available).

On the second form (PartII) you will be asked to give information about the

- person or facility you are reporting and
- detailed information about your fraud, waste, or abuse concern.

When you finish the forms, mail or fax them to:

**Texas Health and Human Services Commission
PO Box 85200
MC 1363
Austin, Texas 78708**

Fax: (512) 833-6493 or 6497

Internal Affairs: Texas Youth Camp Waste, Abuse and Fraud Referral Form

Part I – General Contact Information

Date Completed					
Person Providing Information					
First Name		Last Name			
Employer/Agency/Company					
Street Address					
City		State		Zip Code	
E-mail Address					
<i>Telephone numbers must include the area code.</i>					
Work Telephone		Extension			
Home Telephone					
Cell Telephone					
Referring Agency Tracking Number (if applicable)					

Additional Contact Information (if available)					
First Name		Last Name			
Employer/Agency/Company					
Street Address					
City		State		Zip Code	
E-mail Address					
<i>Telephone numbers must include the area code.</i>					
Work Telephone		Extension			
Home Telephone					
Cell Telephone					

**Internal Affairs: Texas Youth Camp
Waste, Abuse and Fraud Referral Form**

Name of Person Completing Form (if different from the person providing the information)					
First Name		Last Name			
Employer/Agency/Company					
Division					
Street Address					
City		State		Zip Code	
<i>Telephone numbers must include the area code.</i>					
Work Telephone		Extension			
Home Telephone					
Cell Telephone					

Law Enforcement Information					
Law Enforcement Notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Law Enforcement AGENCY Notified					
Date Notified					
Law Enforcement CONTACT/person:					
First Name		Last Name			
Title					
<i>Telephone numbers must include the area code.</i>					
Work Telephone		Extension			
Home Telephone					
Cell Telephone					

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Witness Information (if available)					
First Name		Last Name			
Employer/Agency/Company					
Street Address					
City		State		Zip Code	
E-mail Address					
<i>Telephone numbers must include the area code.</i>					
Work Telephone		Extension			
Home Telephone					
Cell Telephone					

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Part II – Texas Youth Camp Report

Type of Complaint (select one or more)	
Abuse	<input type="checkbox"/>
Neglect	<input type="checkbox"/>
Exploitation	<input type="checkbox"/>
Other	<input type="checkbox"/>

Facility Information					
Facility					
Facility Address					
City		State		Zip Code	
Chief Administrator First Name				Last Name	
<i>Telephone numbers must include the area code.</i>					
Work Telephone				Extension	
Fax					
Cell Telephone					
Location of incident (if other than at the facility)					
Address					
City		State		Zip Code	
Work Telephone				Extension	
Fax					
Cell Telephone					

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Alleged Subject/Victim Information					
Age		Date of Birth			
Child in camp currently? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent/Guardian First Name				Last Name	
Address					
City		State		Zip Code	
<i>Telephone numbers must include the area code.</i>					
Work Telephone				Extension	
Home Telephone					
Cell Telephone					

Notification Information					
Law Enforcement Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Agency notified					
Contact First Name				Last Name	
Address					
City		State		Zip Code	
<i>Telephone numbers must include the area code.</i>					
Work Telephone				Extension	
Home Telephone					
Cell Telephone					
Offense Number					
Parent or Guardian Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Notified by First Name				Last Name	
Date Notified					

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Alleged Perpetrator Information					
First Name				Last Name	
Title (i.e., Counselor, Camper, etc.)					
Sex		Age		DOB	
Residence Address					
City		State		Zip Code	
Mailing/Alternate Address					
City		State		Zip Code	
<i>Telephone numbers must include the area code.</i>					
Work Telephone				Extension	
Home Telephone					
Cell Telephone					

Please provide detailed information about your fraud, waste, and abuse concern

Attach any additional documentation with this complaint.