

University of Southern Indiana Foundation

Fraud Report Form

Date: _____

Which of the following classifications best represents the alleged fraud?

- | | |
|--|--|
| <input type="checkbox"/> Embezzlement, misuse of funds or assets | <input type="checkbox"/> Kickbacks, bribes, extortion |
| <input type="checkbox"/> Mismanagement, waste | <input type="checkbox"/> False statements, certifications, etc |
| <input type="checkbox"/> Environmental violations | <input type="checkbox"/> Conflicts of interest, ethics violation |

Please state the name of the individual(s):

Check the relationship of the individual(s) to the USI Foundation:

- Board Member Volunteer Staff Other: _____

Has the fraud been reported to any other person or department? Yes No

If yes, then to whom and when? _____

Provide details concerning the fraud. Attach additional pages if necessary.

How do you wish to be identified? Anonymous Confidential No Restriction

Contact information:

*First Name: _____ *Last Name: _____

*Work Address: _____

*Work Phone: _____ *Mobile Phone: _____ *Email _____

*Not required of those who wish to remain anonymous.

Mail this form to:

Audit Committee Chair
Attn: Mr. Mark E. Neidig
Old National Bank
1 Main St
PO Box 718
Evansville, IN 47705-0718
812/468-1074