STATE OF NEVADA

Division of Child and Family Services

Children’s Mental Health Programs

VIOLATION REPORT FORM

This form is for reporting alleged violations of federal, state, or other regulations and laws (e.g., False Claims Act).

Note: *This form is not for reporting employee grievances. You must follow the State of Nevada process for filing employee grievances or complaints that are unrelated to alleged fraud, waste and abuse.*

Please complete all of the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| Today’s Date:  |  | Date or Dates of Violations:  |   |
| Name(s) of Person(s) or DCFS programs alleged to have committed the violation:  |  |
| Describe in detail what you believe is not in compliance with applicable federal, state, or other regulations or policies of the Division (please submit any supporting documentation you may have, or indicate where the documentation can be found).(use back of this form or additional pages, if needed) |
| What are the Federal, State, or other regulations or policies that you believe have been violated?  |
| Optional Information\* |
| Name:  |  |
| Position:  |  |
| Telephone Number:  |  |

\*Please note: Although this information is not required for an investigation to be conducted, DCFS will be unable to report findings back to you or obtain additional information from you, if needed, without this information. The Division does not permit retaliatory action against employees who, in good faith, report violations of federal and state laws and/or regulations and policy.