

No. _____

HOTLINE CALLER FORM

Date received: _____ Time received: _____

Callers Name: _____

Position: _____

Grade: _____

Telephone Number: Work: _____ Home: _____

Address: _____

FHFA Employee? Yes No Unknown

Where Employed? _____

Allegation Information Provided: (What, How, Where, When, Why)

Basis for Caller's Information

Confidentiality Requested? Yes No Not Asked Anonymous Caller
OIG Additional Information:

Action Taken: