



# U.S. Department of Homeland Security Office of Inspector General

## Contractor Disclosure Form

**Official Submitting the Disclosure**

<i>Name</i>		
Last	First	Middle
Title / Position	Phone Number	E-Mail Address
<i>Mailing Address</i>		
Number / P.O. Box	Street	Suite
City	State	Zip Code

**Contractor Data**

Contractor Name	Corporate Branch, Division, etc.	
<i>Corporate Mailing Address</i>		
Number / P.O. Box	Street	Suite
City	State	Zip Code
<i>Identification Number</i>		
CCR	Tax	DUNS
<i>Senior Corporate Point of Contact</i>		
Title / Position	Phone Number	

**Contract**

<i>Contract</i>		
Number	Short Title/Description	Value

Contract Type, Please select one of the following:

- 1) Fixed Price    
  2) Time and Materials or Labor-Hour    
  3) Indefinite Delivery Indefinite Quantity    
  4) Other Cost Type    
  5) Other

**Contract Performance Location**

Number	Street	Suite
City	State	Zip Code

**Contracting Officer**

Last	First	Middle
DHS Component		Office Phone Number

**Contracting Officer's Business Address**

Number / P.O. Box	Street	Suite
City	State	Zip Code

**Contracting Officer's Technical Representative (COTR)**

Last	First	Middle
DHS Component		Office Phone Number

**Disclosure**

Date Contractor Learned of Potential Violation (MM/DD/YYYY):

Type of Violation, Please select one of the following:

- 1) False Claim   
  2) Bribe   
  3) Gratuity   
  4) Conflict of Interest  
 5) Product Substitution   
  6) Other

Has an investigation of the potential violation been conducted?     Yes     No

In this box please provide a complete description of the facts and circumstances surrounding the reported activities, including the evidence forming the basis of this report, the names of the individuals involved, dates, location, how the matter was discovered, potential witnesses and their involvement and any corrective action taken by the company.

Estimated Financial Impact to Government \$	
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### Certification

I certify that this Contractor Disclosure submission is true and accurate to the best of my knowledge as of the date of its submission.

Name:

Date:

### Privacy Act Statement

**Authority for Collecting Information on This Form:** Section 6102 of Public Law 110-252, Close the Contractor Fraud Loophole Act, and 48 CFR Subpart 3.10, Contractor Code of Business Ethics and Conduct.

**Principal Purpose:** The information will be used to investigate allegations of violations of Federal criminal law involving fraud, conflict of interest, bribery, and gratuities and violations of the civil False Claims Act by Government contractors.

**Routine Uses:** Information on the form may be provided to other Federal agencies and state and local agencies to investigate alleged violations of law; to make determinations about the award or termination of a contract; and for other uses consistent with the purpose for which the information is collected.

**Mandatory or Voluntary Disclosure:** Furnishing the information requested on this form is mandatory. Failure of the contractor to make required reports may result in suspension or debarment from Government contracts as well as other administrative, civil, and criminal penalties.