



# FRAUD REPORTING FORM FOR CPA FIRMS

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(Auditee Where Suspected Fraud Occurred)

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(Name of Certified Public Accounting Firm Reporting)

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(Name and Title of the Individual Reporting)

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(Contact Information for Individual Reporting)

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(Date Form Completed)

Describe the suspected fraud in as much detail as possible. If known, information about the names and positions of suspected individual(s) involved, dates, amounts, records involved, how the fraud was discovered, etc. should be included. Add additional pages if necessary.

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The detailed information received from this report shall be considered confidential working papers of the comptroller of the treasury and is therefore not an open record pursuant to Title 10, Chapter 7.

Mail or Fax the form to:  
Division of Local Government Audit  
Suite 1500, James K Polk Building  
505 Deaderick Street  
Nashville, Tennessee 37243-0269  
Fax number: 615-741-6216