

# DEPARTMENT OF STATE POLICE CRIMINAL REFERRAL FORM



Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Person Submitting Report: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Victim agency if different from submitting agency: \_\_\_\_\_

Select the most appropriate violation(s):

Misappropriation of Funds

Check Fraud

Theft of State Property

Procurement Violations

False Reports

\_\_\_\_\_

Bribery/Gratuity

\_\_\_\_\_

Credit Card Fraud

Other (explain) \_\_\_\_\_

Brief Explanation: \_\_\_\_\_

\_\_\_\_\_

Estimated loss to the Commonwealth: \$ \_\_\_\_\_

Person suspected of violation: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to the agency:

Officer

Director

No Connection

Employee

Agent

Other

Has suspected individual made admissions? \_\_\_\_\_

If so, to whom? \_\_\_\_\_

Who discovered the violation and when? Date: \_\_\_\_\_

Name: \_\_\_\_\_

Has violation been reported to another law enforcement agency? \_\_\_\_\_

If so, which agency? \_\_\_\_\_

Has administrative action been taken? \_\_\_\_\_

Distribution: \_\_\_\_\_

\_\_\_\_\_