

# DOD CONTRACTOR DISCLOSURE PROGRAM

(See Privacy Act Statement on Page 5)

<b>A. OFFICIAL SUBMITTING DISCLOSURE</b>			
A.1. Name:	Last	First	MI
A.2. Address:			
	City	State	Zip
A.3. Telephone Number:	ext.		
A.4. Title/Position:			
A.5. Email:			
<b>B. CONTRACTOR DATA</b>			
B.1. Contractor:			
B.2. Affected Corporate Branch/Division/Sector:			
B.3. Doing Business As (dba):			
B.4. Contractor's Address:			
	City	State	Zip
B.5. Telephone Number:	ext.		
B.6. Commercial and Government Entity Code (CAGE):			
B.7. Data Universal Numbering System (DUNS):			
B.8. Senior Corporate Point of Contact (POC) :	Last	First	MI
B.8.1 Senior Corporate (POC) Telephone Number:	ext.		
<b>C. AFFECTED CONTRACT(S)</b>			
C.1. Number:			
C.2. Short Title:			
C.3. Contract Type:			
C.4. Contract Value:	\$		
C.5. Description of Services/Supplies/System:			
Check box if additional information on page 4, Section G			

C.6. Identify End Users:			
	Check box if additional information on page 4, Section G		
C.7. Contracting Officer Name:	Last	First	MI
C.8. Contracting Office Address:	City	State	Zip
C.8.1. Contracting Officer's Telephone Number:	ext.		
C.9. Contract performance location:	City	State	Zip
C.10. Contracting Officer's Technical Representative (COTR):	Last	First	MI
C.11. COTR Telephone Number:	ext.		
C.12. List all Federal agencies currently doing business with i.e., Veteran's Administration, General Service Administration:			

<b>D. DISCLOSURE</b>			
D.1. Date Contractor learned of potential violation:			
D.2. Provide a full description of the nature of the violation(s) being disclosed, including the period during which the violation occurred, names of individuals involved and an explanation of their roles in the allegations and the relevant periods of their involvement:			
	Check box if additional information on page 4, Section G		
D.3. Safety or operational hazards:			
D.3.1. Measures taken to mitigate safety or operational hazards:			
D.4. Estimated financial impact to the Government:	\$		
<b>E. OVERPAYMENT</b>			
E.1. Did an overpayment occur:			
E.2. Estimated amount of overpayment:	\$		
<b>F. COMPANY INTERNAL INVESTIGATION</b>			
F.1. Has an investigation been conducted:			
F.2. Describe the scope of the investigation (records reviewed, number and positions of employees interviewed, etc.):			
	Check box if additional information on page 4, Section G		
F.3. Is the company willing to provide a copy of the investigative report:			
F.4. Measures taken to prevent recurrence:			
	Check box if additional information on page 4, Section G		

**G. ADDITIONAL INFORMATION**

<b>G. ADDITIONAL INFORMATION CONTINUED</b>		
<b>H. ACKNOWLEDGEMENTS</b>		
H.1. I state that this Contractor Disclosure Program submission is true and accurate to the best of my knowledge as of the date of its submission.		
Name:	Signature:	Date:

**Privacy Act Statement**

**AUTHORITIES:** 5 U.S.C. 4, Inspectors General; 18 U.S.C., Crimes and Criminal Procedure; 31 U.S.C. 3729-3733, Federal False Claims Act; Public Law 110-252, Title VI, Chapter 1, Close the Contractor Fraud Loophole Act; Executive Order 12674, Principles of ethical conduct for Government officers and employees; and FAR Clause 52.203-13, Contractor Code of Business Ethics and Conduct.

**PURPOSES:** The DoD Hotline provides a reliable means for contractors to self-report violations under 18 U.S.C. and the Federal False Claims Act. The information disclosed is used to conduct the appropriate investigation and coordinate with the Department of Justice and the appropriate DoD Component.

**ROUTINE USES:** In addition to the disclosures permitted by 5 USC 552a, Section (b), Conditions of Disclosure, information may be disclosed for any of the reasons listed in the system of records notice CIG-16, Inspector General Administrative Investigations Records (IGAIR), from the Office of the Secretary, DoD/Joint Staff published in the Federal Register 87 FR 32391.

**DISCLOSURE:** Mandatory.