

Margaret Giller
Chief Information Officer
Medicaid Compliance Officer

Complaint Form

Allegation of Fraud, Waste or Abuse in the Reporting of Medicaid

Please complete the information below for the investigation of any allegation of fraud, waste or abuse in the reporting of Medicaid.

Name of Perpetrator:

Position:

Work Location of the alleged perpetrator:

Complete description of the alleged act:

Description of how you discovered the alleged act:

Date and Time that the alleged act occurred (as closely as you can determine):

Date:

Time:

Estimated value of the school system assets that have been compromised (if known):

The names of any supervisory personnel to whom you have previously reported the alleged act (if none, so state):

Person(s) reporting alleged misconduct contact information (please note this is optional):

Name:

Email:

Address:

City, State Zip

Phone:

Signature:

Date:

Margaret Giller
Chief Information Officer
Medicaid Compliance Officer

Please send the completed form to:

Margaret Giller,
Medicaid Compliance Officer
70 Malta Avenue,
Ballston Spa, New York 12020
Or
Via e-mail at mgiller@bscsd.org

Note: For anonymous, good faith reporting, please complete the "Complaint Form" and mail it to address above. Please do not include a return address on the envelope.