

Pension Benefit Guaranty Corporation

Office of Inspector General



Contractor Disclosure Form

This form provides a method for contractors to notify, in writing, the Pension Benefit Guaranty Corporation (PBGC) Office of Inspector General (OIG) when there is credible evidence that a principal, employee, agent, or subcontractor of the contractor has committed a violation of the civil False Claims Act or a violation of Federal criminal law in relation to the award or performance of a contract or any related subcontract. Individuals who complete this form must be an officer, manager or authorized representative within the company for whom this report is being made, and thereby sanctioned to speak for the company. If the information you wish to provide does not fall within these guidelines, please access the **OIG HOTLINE** at 1-800-303-9737.

To use this form, you must download and print a copy, complete and sign this form, save a copy of this form, and submit the form to PBGC OIG by fax or mail. The OIG may contact you for additional information or materials, if necessary.

Mail to:
Pension Benefit Guaranty Corporation
Office of Inspector General
445 12th Street SW
Washington, D.C. 20024-2101

Email to: HOTLINE@pbgc.gov Fax to: (202) 326-4129

Privacy Act Information

Furnishing the information on this form is mandatory. A contractor who fails to make required reports may result in suspension or debarment from Government contract as well as other administrative, civil, and criminal penalties.

The authority for collecting the information in this form can be found within 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.

The information from this form may be used to investigate allegations of violations of Federal criminal law which involve fraud, conflict of interest, bribery, and/or gratuities and violations of the civil False Claims Act by Government contractors.

The information from this form may also be provided to other Federal agencies and state 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.

Person Submitting the Disclosure		
First Name	Last Name	Middle
Title		
eMail Address		
Mailing Address		
City		Zip/Postal code
Your Phone Number		
Your Fax Number		
Your Relationship		
Contractor Information		
Contractor's Business Name		
Branch, Division, etc.		
Business Mailing Address		
City, State		Zip/Postal code
Business Identification Number		
Is the business a prime or sub contractor?		
If subcontractor, who is prime contractor?		
Point of Contact (POC) and Business/Title		
POC Phone Number		
Contract Information		
Number		
Short Title/Description		
Value (\$)		

Contract Type (check one) <input type="checkbox"/> Fixed Price <input type="checkbox"/> Time & Materials Labor Hour <input type="checkbox"/> Indefinite Delivery/ Indefinite Quantity <input type="checkbox"/> Other Cost Type <input type="checkbox"/> Other		
Contract No.		
Contract Officer's Name		
Contract Officer's eMail		
Contract Officer's Business Address		
City, State		Zip/Postal Code
Contract Officer's Representative's (COR) Name		
PBGC Department, Division, etc.		
COR's Office Phone Number		
COR's eMail Address		
Location Where Contract is Performed		
Name of business you are reporting		
Business Address		
City, State		Zip/Postal Code
Disclosure Information		
Estimated Financial Impact to United States government (\$)		
Date you became aware of the potential violation (MM/DD/YYYY)		
Type of Violation (check one) <input type="checkbox"/> False Claim <input type="checkbox"/> Bribe <input type="checkbox"/> Gratuity <input type="checkbox"/> Conflict of Interest <input type="checkbox"/> Product Substitution <input type="checkbox"/> Other		
Has an investigation of the potential violation been performed? (yes or no)		

In the box below, completely describe the facts and circumstances surrounding the matter you are reporting. Include any evidence which supports your report, names of persons involved, dates and locations. Include how you became aware of the matter you're reporting. Include the names of potential witnesses and their involvement. Include any corrective actions the company may have taken.

Certification

I certify that the information submitted in this Contractor Disclosure Form is true and accurate to the best of my knowledge, as of the date of its submission.
(Persons submitting willful false statements are subject to violations of law)

Your Signature

Date