



Minority- and Women-Owned Business Enterprise (MWBE) FRAUD COMPLAINT FORM

Please make sure to fill out all the "Required" fields.

Please check off appropriate sections.

Required: What type of MWBE activity does your allegation involve?

<input type="checkbox"/>	The business is acting on behalf of a non-certifiable entity to secure contracts intended for MWBEs.
<input type="checkbox"/>	An applicant to certify a business as an MWBE knowingly misrepresented himself or herself as the owner of the business, but the business is owned, operated, or controlled by a person other than the person relied upon for certification.
<input type="checkbox"/>	The MWBE is listed as certified to provide goods or services it is not qualified to perform.
<input type="checkbox"/>	The applicant is qualified as an MBE or WBE but not both, and has submitted false or misleading documents to obtain the other certification.
<input type="checkbox"/>	The MWBE is coded for services or activities which it does not perform.
<input type="checkbox"/>	Other: Please be specific below.

Required: Have you filed this complaint with another office or entity? ☐ Yes ☐ No

If so, please indicate which one and the date of your report:

Required: Please select one of the following:

- ☐ **If necessary, you may contact me for additional information, but please keep my name confidential and do not share it outside of the Division of Minority and Women's Business Development and/or Empire State Development.** Our policy is to honor requests for confidentiality and not to release any data that would identify such individuals unless required to do so by order of law (e.g., court order, subpoena). Please fill out the contact form below.
- ☐ **If necessary, you may contact me for additional information and I do not place any restrictions on the release of my contact information.** Please fill out the contact form below.
- ☐ **I wish to remain anonymous.** Please keep in mind that your decision to elect anonymity may limit our ability to conduct an inquiry, if one is warranted, or to appropriately address the issue. For example, if you choose to remain anonymous, we will not be able to follow-up with you if we need additional information or have questions about the details of your complaint. In some cases, if we do not have sufficient information, we may be unable to act on your complaint. As a result, the more information you can provide, the better chance we have of addressing any wrongdoing that has been committed. You can always request that your identity and/or contact information remain confidential and not be shared outside of the Division of Minority and Women's Business Development and/or Empire State Development. Please consider providing your name and/or contact information to allow for follow-up contact by this office.

Optional: If you choose to remain anonymous, you do not have to fill out identifying information.

Your Name	
Company	
Email Address	
Street Address	
City/State/Zip Code	
Phone Number	

Required: Enter allegations in the text box below:

- Please state your complaint clearly and concisely.
- You should enclose copies of all relevant documents - do not submit any original documents.

Note: If you did not choose to remain anonymous, please provide any special contact instructions in case we need further information or details, in the box above.