



### Report Incident - for City of Culver City

Please answer all relevant questions. Skip those that do not apply. Use tab to move between fields.

Are you a current employee of the company/organization this incident report is about?

Yes  No

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What is the name of the location you are reporting?

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What is the address?

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Who are the individuals involved in this activity? **(required)**

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When did the Incident occur?

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Did the incident occur more than once?

Yes  No

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What type of incident would you like to report? (required)

Please Select  
Abuse of Benefits  
Accounting, Auditing, and Internal Financial Controls  
Code of Ethics Violation  
Compliance and Regulation Violations  
Conflict of Interest  
Customer Service

Description:

Please Select

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What would you like to report? (required)

Please provide all details regarding the alleged incident, including any information that could be valuable in the evaluation of this situation.

Please take your time and provide as much detail as possible, but **exercise care to not provide details that may reveal your identity unless you wish to do so.**

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Was someone from management involved in the incident?

Yes  No

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Has the incident been reported to anyone in the company/entity?

Yes  No

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Has the incident been reported to anyone outside the company/organization?

Yes  No

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Were there any witnesses?

Yes  No

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Would you be willing to anonymously assist further if asked?

Yes  No Contact, I'm done. Skip the following questions and submit the report below.

By providing your email address, you enable anonymous communication from the company/entity you are submitting a report on behalf of to be emailed to you and you will not need to sign in to our system to see it. Your email address will remain confidential as allowed by law, and cannot be viewed by the company/entity.

This will allow you to provide additional information and communicate directly with the company/entity's designated recipient. You will also be able to ask your company/entity about the status of your report.

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Do you give permission to share your contact information with the company/entity (waive your anonymity)?

Yes, I wish to share my identity with the company/entity in this report.

No, I wish to remain anonymous.

If Yes, please supply your name and email address or phone number. This information will be included in this report that will be sent to the company's/entity's designated recipient. Please note that a Yes response is authorizing us to divulge your name and contact information and you are waiving your

anonymity.

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**ATTENTION:** You must create a PIN for this report. The PIN must be 4 characters (letters/numbers). You will use this PIN and the report number to anonymously dialog with the company/organization. This PIN should not be shared with anyone.

This PIN should not be shared with anyone.

Please enter a  
confidential PIN:

Please reconfirm PIN:

KEEP THIS PIN AND YOUR REPORT NUMBER PROVIDED ON THE FOLLOWING CONFIRMATION PAGE. Please write them down and do not lose these numbers as they cannot be recreated.

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Do you have files to upload to support your report? (If you have files to upload to support your report you will be able to do that after submitting your report.)

Yes  No

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You will not be able to change your report after submitting it.

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### CONFIDENTIALITY COMMITMENT

Lighthouse is an independent provider that assists your organization to identify improper activity. We are committed to protecting the identity of all persons who use our secure reporting system. Reports are submitted by Lighthouse to the organization's designee, and may or may not be investigated at the sole discretion of the organization. Although we will not disclose your identity without your express

permission, it is possible that your identity may be discovered during an investigation of the matter reported because of information you have provided.

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Lighthouse Services, LLC 1710 Walton Rd., Suite 204, Blue Bell, PA 19422 [reports@lighthouse-services.com](mailto:reports@lighthouse-services.com)

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