



James S. Hartsell
Executive Director

State of Florida
DEPARTMENT OF VETERANS' AFFAIRS
Office of the Inspector General

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30 September 2026

James S. Hartsell
Executive Director
Florida Department of Veterans' Affairs

Subject: Florida Department of Veterans Affairs, Office of Inspector General, Annual Report for Fiscal Year 2025-2026.

Dear Mr. Hartsell:

In accordance with section 20.055(7) Florida Statutes, I am pleased to submit the activities of the Office of Inspector General for the State Fiscal Year 2025-2026. This is a continuing effort to provide the agency a central point for the promotion of accountability, integrity, and efficiency.

The Office of Inspector General will continue to work with Senior Management to identify major areas of concern that require review, analysis, and evaluation to arrive at workable solutions for improved effectiveness. I wish to express my thanks for all the support from staff, and I look forward to continued efforts to support the Department in fulfilling its mission.

Sincerely,

David M. Marzullo
Inspector General

cc: Auditor General
Chief Inspector General
Legislative Auditing Committee

OFFICE OF INSPECTOR GENERAL

Department of Veterans' Affairs



Office of Inspector General Annual Report Fiscal Year 2025 - 2026

Mission Statement

The Office of Inspector General's (OIG) mission is to promote integrity, accountability, and process improvement. This is accomplished by providing objective, timely, value-added audit and investigative services that examine and evaluate the adequacy and effectiveness of the Florida Department of Veterans' Affairs (FDVA) internal controls and risk management systems.

Core Values

- **Integrity** – we govern ourselves honestly and ethically.
- **Impartiality** – we conduct our work objectively and independently.
- **Professionalism** – we maintain a staff of skilled professionals.
- **Accountability** – we take responsibility for providing thorough and fair findings and recommendations.

Responsibilities

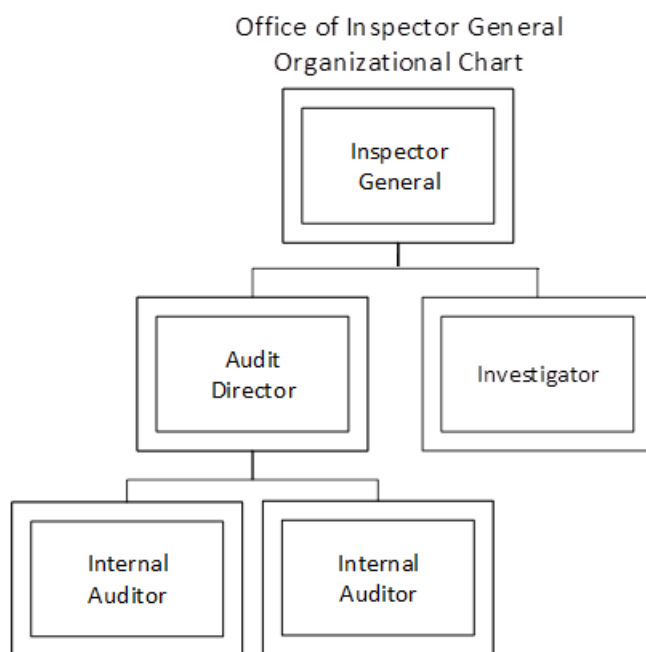
The specific duties and responsibilities of the Inspector General, according to Florida Statute 20.055, Section (2) include:

- Advise the agency on the development of performance measures, standards, and procedures for the evaluation of state agency programs.
- Assess the reliability and validity of the information provided by the Agency on performance measures and standards and make recommendations for improvement, if necessary, prior to submission of those measures and standards to the Executive Office of the Governor.
- Review the actions taken by the Agency to improve program performance, meet program standards and make recommendations for improvement, if necessary.
- Provide direction for, supervision, and coordination of audits, investigations and management reviews relating to the programs and operations of the state agency.
- Conduct, supervise and/or coordinate other activities carried out or financed by the Agency for the purpose of promoting economy and efficiency in the administration of its programs and operations while preventing and detecting potential fraud and abuse.
- Keep the agency Director informed of fraud, abuses, and deficiencies relating to programs and operations administered or financed by the state agency, recommend corrective action for fraud, abuses, and deficiencies and report on the progress made in implementing corrective action.
- Ensure effective coordination and cooperation between the Auditor General, federal auditors, and other governmental bodies with the goal of avoiding duplication.
- Review rules relating to the programs and operations of such state agency and make recommendations concerning their impact.
- Ensure that an appropriate balance is maintained between audit, investigative, and other accountability activities.

Organization and Staff

The Executive Director of the Florida Department of Veterans' Affairs (FDVA) appoints the Inspector General with the concurrence of the Governor's Office of the Chief Inspector General. The Executive Director has the ultimate responsibility for the operation of the Department and for ensuring its goals are met. The Inspector General reports directly to the Executive Director of FDVA.

To carry out its duties and responsibilities, the Office of Inspector General (OIG) is organized into two (2) sections: Audits and Investigations. The OIG has a staff of five (5) professional positions. The organizational structure is:



Certifications

Certifications held by the Inspector General and staff include:

- Certified Inspector General - 1
- Certified Inspector General Auditor – 2
- Certified Inspector General Investigator – 1
- Certified Inspector General Inspector/Evaluator - 3
- Certified Internal Auditor – 2
- Certified Information Systems Auditor – 1

Professional Affiliations

OIG employees are affiliated with:

- Association of Inspectors General
- Institute of Internal Auditors
- Information Systems Audit and Control Association
- Federal Law Enforcement Officers Association

OIG employees stay current with trends in internal auditing and investigations and maintain professional proficiency through membership in the aforementioned professional organizations. The required training hours are met through participation in conferences, webinars, attendance in relevant training, or through continued professional education programs.

Fiscal Year 2025 – 2026, Audits

IA-2601: Medicaid Bedhold Billing

Objective: The objectives of the Medicaid Bed Hold Billing audit were to evaluate the adequacy of FDVA's governance, risk management, and control processes in the administration of proper billing, resident accounting, and collections of Medicaid Bed Hold funding.

Finding #1: Compliance with Medicaid Bed Hold billing policies regarding written notification requirements and financial information for Bed Holds needs improvement.

Recommendation #1.1: Ensure forms satisfy all the requirements of 38 CFR 51.80 (b) and that phone authorizations are documented as detailed in SOP 1606 and 1601 in the appropriate section of the Bed Hold Form.

Finding #2: FDVA State Veterans' Nursing Homes did not always complete the Annual Financial Update in a timely manner.

Recommendation #2.1: We recommend that the Homes Program and management continue to take appropriate steps to promote the timely receipt of Financial Data Update forms and all supporting documentation in accordance with Federal, State and Department policies and procedures to assure accurate and timely revenue collection and billing.

IA-2602: Overtime

Objective: The OIG has scheduled this audit to determine if FDVA background checks and compliance controls are in place to meet State and Federal regulations, and that each facility has developed and implemented facility-wide credentialing process that includes monitoring.

Finding #1: OT procedures developed at the Homes Program/SVNHs could use improvement.

Recommendation #1.1: The Homes Program should consider developing policies and procedures at the Homes and Domiciliary that include: Reporting, Monitoring, Establishing standards for excessive hours worked and its effect on safety, productivity, and resident care. An overall cultural emphasis on reducing OT at the SVNHs.

Finding #2: The main reason for the OT was due to the number of positions currently open at the SVNHs.

Recommendation #2.1: The Homes Program and FDVA should continue to monitor and develop plans to reduce the open positions at the SVNHs to ensure the number continues to decline at the homes to limit OT paid and consulting fees paid for Agency Staffing Fee.

Finding #3: The second factor contributing to the amount of OT was to reduce the number of nurses and CNAs working from consulting firms.

Recommendation #3.1: The Homes Program should continue to monitor the amount of funds paid to Contracted Services for Agency Staffing to ensure it continues to decline with any corresponding relationships with OT incurred.

Finding #4: The Cashe SVNH was not staying up to date with the Daily's because they did not have a stable Staffing Coordinator.

Recommendation #4.1: The Homes Program should ensure the Cashe SVNHs are properly keeping the Daily's on nurses and CNAs at the homes.

IA-2603: Cybersecurity Enterprise Audit

Objective: The objective of the FY2025-2026 audit was to evaluate Agency controls and compliance with data protection requirements contained in the Florida Cybersecurity Standards (Rules 60GG-2.001 through 60GG-2.006, F.A.C.), specifically 60GG-2.002 and 2.003(4), F.A.C.

Finding #1: The results of the cybersecurity audit are confidential.

IA-2605: Recruiting

Objective: The objectives of the Recruiting audit were to review recruitment efforts as of January 31, 2026; ensure the procedures and best practices were utilized; review the number of vacancies at the FDVA as of January 16, 2026; job vacancies were proactively filled, reviewed, and monitored; and consider the guidelines on hiring and recruiting at the FDVA.

Finding #1: Four (4) SVNHs did not conduct Certified Nursing Assistant (CNA) Training courses.

Recommendation #1.1: The respective SVNHs should resolve the survey issues as soon as possible so they can hold CNA Training courses.

Finding #2: Four (4) SVNHs did not have a recruiting team established at their home sites. Three (3) of the four (4) SVNHs who did not have a recruiting team also had the higher number of job vacancies at their respective facility.

Recommendation #2.1: The respective SVNHs should establish a Recruiting Team as soon as possible to aid in the hiring of new employees.

Finding #3: Three (3) SVNHs were not meeting weekly, if having more than 10 vacancies, or bi-weekly if they had less than ten (10) vacancies.

Recommendation #3.1: The respective SVNHs should meet at least weekly to discuss the status of the vacancies at the Home.

Finding #4: There were four (4) SVNHs that did not have an OPS HR Tech to assist in the recruiting and serve as a backup at the facility.

Recommendation #4.1: The SVNHs without an OPS HR Tech, should consider hiring one to help with recruiting; to review applications submitted, set up interviews, set up drug testing, check references and help candidates apply online. When the OPS HR Tech is not recruiting, they can work in the many other areas of the Home as support staff.

Recommendation #4.2: The Homes should implement proactive procedures for recruiting including: 1. Placing job openings on Indeed. 2. Contacting the applicants by email and phone the same day or next business day to arrange a timely interview. 3. Arranging next steps such as drug screening appointments and background check during the interview. 4. Continue to hold regular job fairs and use various advertisements, such as mailings in the local area.

Finding #5: Five (5) SVNHs did not use Human Resources (HR) located in Largo to assist in recruiting at their facilities.

Recommendation #5.1: That the SVNHS with higher job vacancies of more than twenty (20) vacancies use the Human Resources in Largo to get assistance in recruiting new employees, including referring to the HR Recruiting Steps to Success.

Finding #6: Policy 5030.105 - Recruiting, Interviewing, and Selection was last updated August 9, 2022.

Recommendation #6.1: Policy 5030.105 - Recruiting, Interviewing, Selection should be updated according to FDVA policy of updating all Policy & Procedures at least biannually.

Recommendation #6.2: The Homes Program should consider working with HR to amend Policy 5030.105, or create their own SOP to implement standardized and documented proactive procedures for recruiting including: 1. Placing job openings on Indeed 2. Contacting the applicants by email and phone the same day or next business day to arrange a timely interview 3. Arranging next steps such as drug screening appointments and background check during the interview 4. Continue to hold regular job fairs and use various advertisements, such as mailings in the local area

IA-2606: Resident Trust Fund Copas

Objective: The objectives of the Resident Trust Fund audit were to evaluate the internal controls on the administration of the Resident Trust Fund (RTF) at Sandy Nininger State Veterans Nursing Home (SVNH) and that they complied with federal regulations and state statutes. The audit was to determine if the resident had an executed Residents' Deposit Trust Fund Agreement or declined to participate in the RTF, and if preventative and detective controls are in place over bank deposits, securing funds, signing checks, receiving, and recording of residential trust funds.

Finding #1: Inadequate administration of receipt of funds for Resident Trust Fund.

Recommendation #1.1: Ensure all funds received in person and by mail are recorded in the Check/Cash Receipt Register journal upon receipt in accordance with FDVA SOP #2207, Funds Receipt, with sufficient data to provide an audit trail for the administration of the funds.

Recommendation #1.2: Receipt books should be issued and used in sequential numerical order, with each book completed before a new book is placed into service. As a best practice, management should maintain a receipt book log documenting the issuance date, the numerical range assigned, the individual receiving the book, and the date the completed book is returned. The log should also record the start date of each new receipt book to ensure continuity in numerical sequencing and facilitate monitoring for missing or duplicate receipts

IA-2607: Donation Trust Fund Copas

Objective: The objectives of this audit were to evaluate the effectiveness of the administration of the Donation Trust Fund, the adequacy of related internal controls, and the appropriateness of Donation Trust Fund reporting.

Finding #1: Internal controls and documentation related to the administration of donations and cash equivalent handling was not consistently complete or accurate.

Recommendation #1.1: Copas SVNH should strengthen controls over the receipt, recording, and reconciliation of donations to ensure completeness, accuracy, and accountability.

Finding #2: Eleven (11) donation receipts from the audit period were unaccounted for; and there was no supporting documentation for the appropriate managerial review for any of the missing and/or voided receipts.

Recommendation #2.1: Copas SVNH should continue the use of a pre-numbered receipt book, reconciling receipt numbers on a regular basis and reporting results to management. Additional guidelines should be implemented to ensure accountability and records.

IA-2608: Donation Trust Fund Jacobson

Objective: The objectives of this audit were to evaluate the effectiveness of the administration of the Donation Trust Fund, the adequacy of related internal controls, and the appropriateness of Donation Trust Fund reporting.

Finding #1: Internal control documentation related to the administration of donations and cash handling was not consistently complete or accurate.

Recommendation #1.1: Jacobson SVNH should strengthen controls over the receipt, recording, and reconciliation of donations to ensure completeness, accuracy, and accountability.

Finding #2: Gift card life cycle and expenditures control needs improvement.

Recommendation #2.1: Implement a FIFO process to ensure gift cards are used in the order received when possible. Record all gift card receipts, including receipt numbers, in the Log of Gift Card Donations. Perform periodic reconciliations of the log to pre-numbered receipts.

IA-2609: Kronos Time Keeping

Objective: The objectives of the Kronos time keeping audit were to ensure time worked at the facilities was accurately recorded, procedures established were sufficient and current and verify the State Veterans Nursing Homes were following SOP #5501-Attendance and Leave and SOP #5502- Hours Worked Management System.

Finding #1: The SVNHs are working on problems they are experiencing regarding the installation last year of Kronos/UKG timekeeping system. The SVNHs are meeting weekly with Kronos and UKG to resolve the issues they are experiencing.

Recommendation #1.1: The SVNHs should continue to meet weekly with Kronos/UKG until all the issues they are experiencing with Kronos/UKG are resolved. The Homes Program should have a centralized monitoring log for documentation of issues including timeframes, status, and timely resolution by location as part of the project management lifecycle.

Finding #2: OT from FY 2025 to FY 2026 increased significantly, and disproportionally relative to Contracted Nursing expense and job vacancies.

Recommendation #2.1: The Homes Program and SVNHs should develop additional plans to reduce OT at the SVNHs and find root causes to increased overtime usage given the confounding factors.

Finding #3: Excessive Call Outs and No Call, No Shows are placing a burden on the Homes operations.

Recommendation #3.1: The Homes Program should explore strategies to create a work ethic culture that encourages more punctual staff to reduce the burden on replacing the Call Outs and No Call, No Shows with more expensive OT or Agency.

Remaining Open Audit Findings since Prior Year Annual Report

IA-2503: Cybersecurity Enterprise Audit

Objective: The objective of this audit is to evaluate agency controls and compliance with asset management requirements contained in the Florida Cybersecurity Standards (Rules 60GG-2.001 through 60GG-2.006, F.A.C.). The approach examined the following within F.A.C. Chapter 60GG-2.002(1).

Finding #1: There results of the cybersecurity audit are confidential.

IA-2507: Data Management Review

Objective: The objective of this audit was to review the most recent electronic performance tools, the agency's paper and printer usage, and to analyze the agency's understanding and use of the various digital capable systems.

Finding #1: Inefficient Paper-Based Document Management.

Recommendation #1.1: Utilize electronic tools and EHR for intake and destroy paper after.

Recommendation #1.2: Use date parameters to limit intake and discard otherwise.

Recommendation #1.3: Utilize external digital data sources first.

Recommendation #1.4: Utilize digital signature tools for distribution.

Recommendation #1.5: Centralize HR file and system management to reduce redundancy and hard copy usage.

Recommendation #1.6: Encourage external contractors to utilize the in-house digital systems and EHR.

Finding #2.1: Lack of Coordinated Internet Downtime Planning.

Recommendation #2.1: Develop SOP for short and long term downtime for agency wide uniformity.

Finding #3.1: SOP 5030.007 is out of date.

Recommendation #3.1: FDVA 5030.007 Records Management should be updated bi-annually according to FDVA policy.

Fiscal Year 2025 – 2026, External Audit Liaison Activities

In accordance with 20.055(1), Florida Statutes, the FDVA OIG served as liaison to:

- Auditor General FDVA Federal Awards Audit 2025
- Auditor General FDVA Operational Audit 2026

Fiscal Year 2026 – 2027, Audit Plan

Section 20.055(5) (h), Florida Statutes, requires that annual audit plans be developed based on the findings of periodic risk assessments. This ensures that the OIG is responsive to management concerns and that those activities with the greatest risks are identified and scheduled for review. The top priorities for audits have been identified based on the results of a

risk assessment and are included in the audit plan. The FDVA Executive Director approved the audit plan for Fiscal Year 2026 – 2027 on June 21, 2026. Planned audits include:

Cybersecurity Audit

The Florida Department of Veterans' Affairs (FDVA) has an Agency wide network to facilitate its operations. The network has transitioned to a Microsoft 365 approach for streamlined authentication and encryption, which includes various hardware such as printers, access points, mobile devices, and standard system configurations to provide security and integrity of data. Cybersecurity refers to the protection afforded to an automated information system to maintain confidentiality, integrity, and availability. Internal Audit, in coordination with the Auditor General, the Chief Inspectors General, and the Florida Department of Management Services, will evaluate FDVA's controls in regard to Cybersecurity in accordance with House Bill 1279 and Chapter 60GG-2.004 FAC. This year focuses on supply chain risk management.

Pharmacy and Medication

The FDVA spends about \$4 million annually on Pharmacy services and medications. The audit will evaluate the adequacy of FDVA's governance, risk management, and control processes in providing proper use of medications with concentration on controlled substances, determine if FDVA was properly following state and federal statutes regarding medications, and evaluate the FDVA compliance with contracts related to Pharmacy services provided by the U.S. Department of Veterans Affairs (VA). The audit will evaluate the effectiveness of contract activities including contract monitoring, reporting, certifying all services are rendered, invoices are reconciled, compliance, and other contract related duties.

Travel

FDVA employees engage in a significant amount of travel throughout Florida, and occasionally outside of Florida. Travel has been expanded in different departments of the agency in the past 5 years. The audit will ensure FDVA is complying with the most recent state travel procedures and policies and is using travel resources reasonably and efficiently.

Per Patient Day

The audit of Per Patient Day (PPD) metrics for FDVA's long-term care facilities will evaluate whether PPD levels at each home are reasonable and aligned with internal benchmarks and relevant industry standards. The review will analyze cost-per-resident-day drivers, compare results across FDVA facilities, and comparable external providers.

Contract Management

The audit of contract management will focus on FDVA's use of sole source and emergency procurement to determine whether these contracts are justified, properly documented, and compliant with state procurement requirements. The review will assess whether adequate market analyses, justification forms, and approval processes are consistently followed and whether controls are in place to prevent inappropriate reliance on noncompetitive procurement methods. The audit will also evaluate timeliness, transparency, and oversight of emergency contracting actions and will identify opportunities to strengthen processes, improve accountability, and reduce the risk of unnecessary cost or procurement vulnerabilities.

Donation Trust Fund

The State Veterans' Homes and Domiciliary may receive and accept gifts, grants, and endowments in the name of the Homes and Domiciliary. The Administrator and the Director determine how the donation could best benefit the Homes, Domiciliary, and its residents unless the benefactor requests or instructs usage for a specific purpose. The audit will continue to evaluate overall internal controls on the processes for accepting, distributing, and accounting of the donations.

Residential Trust Fund

Given the vulnerability of residents in FDVA Homes and Domiciliary, it is important that those residents have adequate assurance of proper accountability of their funds collected and managed. Internal Audit will continue to evaluate overall internal controls on the processes for accepting, distributing, and accounting of the Resident Trust Fund established for residents at the Homes.

Summary of Investigative Activities

Investigations

Investigations are initiated to deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses. The FDVA Office of the Inspector General (OIG) intakes and logs every inquiry, complaint, and referral which are received in many forms including email, telephone, letter, walk-in, the Florida Chief Inspector General's Office, the Florida Attorney General's Office and other Federal, State, and City agencies. The OIG evaluates the provided information and determines what course of action should be initiated as follows:

- **Inspector General Investigation:** When the information received indicates that an FDVA employee or contractor may have violated FDVA's policies; or has potentially committed a violation of law. Results of allegations investigated are reported to the FDVA Executive Director, Deputy Executive Director, Chief of Staff, and the affected areas top manager.
- **Referral to Management:** When the information received indicates some type of misconduct, malfeasance, misfeasance, or conflict on the part of, or between, FDVA employees or contractors where an initial determination has been made that a violation of FDVA policies was not committed and an Inspector General investigation is not warranted. The OIG may assist in the resolution if necessary.
- **Referral to Another Agency:** When the information received regards an agency other than the FDVA, the OIG refers the information to that agency's OIG.
- **External Assistance or Monitor:** When another agency is investigating activities affecting the FDVA, or its employees or residents, and requests assistance from the FDVA OIG to facilitate their investigation; or when the FDVA OIG requests assistance from another agency (including law enforcement) regarding activities affecting the FDVA, its employees or residents.
- **No Action:** When the OIG can come to a resolution with a complainant or satisfactorily solve a particular issue without any further action.

Fiscal Year 2025 – 2026, Investigations

During fiscal year 2025-2026, the OIG received thirty-three (33) inquiries. Of the thirty-three (33) inquiries, thirteen (13) were referred to management; eleven (11) were resolved at the initial complaint stage and did not require any further action. There were four (4) Whistleblower complaints referred by the Florida Chief Inspector's General that did not meet the requirements of 112.3187 F.S., Florida's Whistleblower statute. However, one (1) of the Whistleblower complaints resulted in an investigation. There were six (6) full investigations resulting in investigative findings. Each allegation made during a course of an investigation results in one of the following investigative findings:

- **Sustained** - by the preponderance of the evidence (>50%) the complaint occurred as alleged.
- **Unfounded** - by the preponderance of the evidence (>50%) the complaint did not occur as alleged.
- **Not Sustained** - there is insufficient evidence to determine if the complaint occurred as alleged.
- **Exonerated** – the complaint occurred as alleged and was justified.

The following is a summary of significant investigations:

OIG-2026-001

An FDVA SVNH employee claimed they were being harassed and subjected to a hostile work environment. The OIG investigation determined that the employee refused to follow their workman's compensation protocols, refused to acknowledge training received and refused to adhere to FDVA policy regarding electronic recording devices. The allegations were unfounded and the employee was later terminated for their violations of FDVA protocols and policies.

OIG-2025-002

An FDVA SVNH employee alleged multiple items to include that the SVNH was altering reports and changing position descriptions to pass an external audit. The OIG investigation determined that none of the allegations occurred, but that the complainant had altered the timesheets of a relative working in the SVNH and was untruthful in their FDVA job application. The allegations were unfounded and the employee was later terminated for violations of FDVA policy.

OIG-2025-003

An FDVA SVNH employee complained that they were being subjected to a hostile work environment. The OIG investigation determined that the employees involved had a significant misunderstanding due to a language barrier. Both employees acknowledged that their language barrier contributed to the misunderstanding. The allegations were unfounded.

OIG-2025-004

An FDVA SVNH employee alleged that they were being sexually harassed by another employee. The OIG investigation determined, 1) the activity was alleged to have occurred outside of the SVNH; and 2) there was no corroboration that the allegations occurred, therefore the allegations were not sustained.

OIG-2025-007

An FDVA SVNH employee complained that they were wrongly being terminated for conduct for which they did not engage in. The OIG investigation determined that the employee did not engage in the activity for which they were being terminated and the complainants were uncredible. The proposed termination for the FDVA employee was rescinded.

OIG-2025-008

An FDVA SVNH Administrator and Maintenance Supervisor reported that a Homes Program headquarters employee had altered (by increasing) the amount of dollars on an FDVA form after both the Administrator and Maintenance Supervisor signed it and without their knowledge. The OIG investigation determined that the employee attempted to have other Homes Program employees assist them in altering the form using computer tools and when they refused, they simply hand wrote the alteration. The allegation was sustained.

OIG-2025-009

A former FDVA SVNH employee complained that they resigned their position due to being subjected to bullying and a hostile work environment by a co-worker. The OIG investigation determined the complainant was subjected to bullying and a hostile work environment, therefore the allegations were sustained.

OIG-2025-010

An FDVA SVNH employee complained that their proposed termination amounted to age and religion discrimination. The OIG investigation could not determine whether age or religious discrimination factored into the proposed termination. However, the investigation determined that the employee did not engage in the activity for which they were being terminated. Plus, there were other mitigating factors at the SVNH. The allegation was non-sustained, however the employee opted not to return.

Other Significant Activities

Typically, the OIG spends a considerable amount of time working with Human Resources (H.R.) regarding personnel issues and providing information to H.R. related to personnel actions that did not require full audits/investigations. Additionally, most complaints are able to be resolved without the need for full audits/investigations. Most involve simply educating employees and other individuals.

In FY 2025-26, the OIG was involved in one (1) additional significant reviews. It regarded an issue that a resident's family was reporting at a SVNH. The Home was having difficulty with the family, and the family was no longer willing to work with the Home. The OIG was able to intervene and meet with the family. Through the OIG's efforts, the family was presented with actual evidence showing that most of the concerns being raised were not factual. Although the family never responded to the OIG report, they no longer raised the issues with the Home.

Contacting the Office of Inspectors General

Contact us when you believe ...

- As an FDVA employee, you believe you are being harassed, discriminated against, retaliated against, or working in a hostile work environment.

- Someone may be engaging in wasteful, inefficient or illegal use of FDVA resources.
- Someone may be using FDVA property for personal gain.
- Someone may be intentionally misleading FDVA for financial gain.
- Someone at FDVA may be receiving a benefit to “look the other way.”

How to Contact Us

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