



Houston Area ACFE Chapter
United Locally to Fight Fraud Globally

Houston Area ACFE Chapter
P.O. Box 22853
Houston, Texas 77227-2853
www.HoustonACFE.org

2016 Fraud Fighter of the Year Award - Nomination Form

Name of Investigator: _____

Address: _____

City: _____ **County:** _____ **State: TEXAS**

Email Address of Investigator: _____

Daytime Phone: (____) ____ - ____ extension _____

If nominating a team, provide the names of team members:

Agency/Organization of the Investigator: _____

Address: _____

City: _____ **County:** _____ **State: TEXAS**

Investigator's supervisor's name: _____

Email Address of Supervisor: _____

Daytime Phone: (____) ____ - ____ extension _____



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Date investigator began his investigation: ___/___/_____

Date of issuance of an arrest warrant for the fraudster: ___/___/_____

Please provide the details of investigator’s actions. Document the investigator’s determination, perseverance and commitment during the investigation that contributed to the issuance of an arrest warrant for the fraudster. Provide details of the arrest warrant (i.e., what the fraudster was charged with, etc.). Make sure the significance of the fraud is documented (dollar amount of loss, number of victims, societal losses – financial or otherwise).

Note: A separate document of investigation details can be submitted.



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Accuracy of nomination details verified by:

Printed Name: _____

Signature: _____

Date: _____

Daytime phone: _____

Relationship to Nominee: _____

Accuracy of nomination details verified by:

Printed Name: _____

Signature: _____

Date: _____

Daytime phone: _____

Relationship to Nominee: _____

NOTE:

Email the completed form to krystinlmitchell@gmail.com

Completed application forms are due November 15, 2016!