



Office of Inspector General
GENERAL COMPLAINT FORM

Date: _____

COMPLAINANT'S NAME: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Complainant's Affiliation Status:

Current or Former employee of a State Agency

Current or Former employee of a State Agency's Contractor

Applicant for a position with a State Agency or with a State Agency's Contractor

Concerned citizen

SPECIFIC ALLEGATIONS: Please describe your complaint/report in as much detail as possible. Give complete name(s) and address(es) of persons/organizations involved and the specific date, time, and location of incident(s) if possible. *Attach supplemental sheets if necessary.*

NAME & POSITION	EMPLOYMENT	ADDRESS	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____