



LEARN EARLY. LEARN FOR LIFE.

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.*

PERSONS/WITNESSES WHO CAN PROVIDE ADDITIONAL INFORMATION:

| NAME & POSITION | EMPLOYMENT | ADDRESS | PHONE # |
|-----------------|------------|---------|---------|
|-----------------|------------|---------|---------|

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |