



**STATE OF GEORGIA  
OFFICE OF THE STATE INSPECTOR GENERAL**

**COMPLAINT FORM  
To Report  
Fraud, Waste, Abuse or Corruption  
Within the Executive Branch of State Government**

***Name of person making complaint.***

Your Name

Street Address

City, State, Zip

Telephone Home:  
Work:

Cell:

County

(If more than one complainant is reporting, please use additional sheets.)

***Name of person(s) and agency involved in alleged wrongful act or omission.***

Name

Position/Title

Agency

Division

Street Address

City, State, Zip

(If more than one individual is involved, please use additional sheets.)

***Summary of facts relevant to the allegation(s):***

*Information that is helpful includes: What is the problem? Who is involved? When, where and why did it happen? (Use additional sheets if necessary.)*

**Other helpful information (if known):**

Has this complaint been filed with any other agency or investigative entity? Yes  No

If yes, what is the name of the agency?

Date Filed:

List any action taken by that agency:

Has a lawsuit and/or administrative grievance been filed against this agency/individual based on the allegations in this complaint? Yes  No

If yes, what is the name of the court and status of the case?

Are there any documents regarding the alleged wrongful act or omission? (i.e., contracts, memos, letters, evaluation forms, minutes of meetings, etc.) If so, describe and/or attach them to this form.

Provide the name(s) of other people we may contact with knowledge of the alleged wrongful act or omission. Include the address and phone number of such person(s).

Are you a state employee? Yes  No

If so, what agency?

To the best of my knowledge, the information contained in this complaint is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return your completed form by mail or fax:

Office of the State Inspector General  
2 Martin Luther King, Jr., S.W.  
1102 West Tower  
Atlanta, Georgia, 30334  
Fax: 404-657-9716