



**OFFICE of the
INSPECTOR GENERAL**
U.S. GOVERNMENT PUBLISHING OFFICE

Complaint Form

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

TOWN/CITY _____

STATE () _____ ZIP CODE () _____

TELEPHONE NUMBER _____ ALTERNATE TELEPHONE NUMBER _____

EMAIL ADDRESS _____

EMPLOYER _____

If you are a GPO employee, please specify your business unit _____

Are you covered by the GPO Master Labor-Management Agreement? Yes No I do not know

Are you willing to waive your confidentiality in the event your complaint is referred to GPO management for resolution? Yes No

What type of fraud, waste, abuse, and/or mismanagement are you reporting (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Procurement and/or Contract Fraud | <input type="checkbox"/> Illegal Gambling |
| <input type="checkbox"/> Workers' Compensation Fraud | <input type="checkbox"/> Misuse of Government Funds and/or Property |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Employee Misconduct |
| <input type="checkbox"/> Illegal Drug Possession and/or Use | |
| <input type="checkbox"/> Other (please specify): | |

Who committed the alleged fraud, waste, abuse, and/or mismanagement?

When did the alleged fraud, waste, abuse, and/or mismanagement occur?

Where did the alleged fraud, waste, abuse, and/or mismanagement occur?



How did the alleged fraud, waste, abuse, and/or mismanagement occur?

Identify by name and title, if possible, other individuals who may have knowledge of the alleged fraud, waste, abuse, and/or mismanagement.

What evidence, including documents and emails, do you possess or know of that supports your allegation(s) of fraud, waste, abuse, and/or mismanagement?

Has this matter been appealed, grieved, or reported under another procedure, such as the Equal Employment Opportunity (EEO), Office of Special Counsel (OSC), or union processes? Yes (explain below) No

On what date(s) did you elect another procedure?

What is the status of the other procedure(s) (i.e. pending, closed)?

Is there any other information you would like to provide the OIG regarding this complaint?

Are you willing to be interviewed (check the appropriate box)? Yes No

By checking this box, I certify that the information contained in this complaint form is truthful to the best of my knowledge. Furthermore, I made this complaint freely and voluntarily, without any threats or rewards, or promises of reward having been made to me in return for it.

Instructions: Complete this form and download it to your computer. Open the completed form and select the SUBMIT button at the bottom of the form. Select your email preference and send the form to the Inspector General Hotline.

print

submit