



# State of Louisiana Office of State Inspector General

## Complaint Form

Please type the information requested below, and then click "Submit". The completed form will be automatically e-mailed to the State Inspector General. You may also print and mail the completed form to: Office of State Inspector General, P.O. Box 94095, Baton Rouge, LA 70804-9095.

Contact Information:				
Name: <i>(Optional)</i>		Date:		
Address:				
City:		State:		Zip:
<b>NOTE:</b>	If you do not wish to disclose your identity, you may remain anonymous when submitting this complaint. However, please keep in mind that our inability to contact you may limit our ability to do a complete investigation.			

<i>Please check the preferred method(s) of contact:</i>				
Home Phone:			Business Phone:	
Other Phone:			E-mail Add:	

Are you a State of Louisiana employee?		Yes		No
If yes, which agency?				
Is your complaint related to your state employment?		Yes		No

## Complaint Information:

Is your complaint against a State of Louisiana employee(s), agency, vendor, contractor or grant recipient?		Yes		No
<b>If NO, our office may lack the authority to review or investigate your complaint.</b>				
If yes, which agency?				

<i>Please provide as much detailed information about the individual(s) as possible.</i>									
Subject of Complaint's Name:									
Phone:		Approx. Age:		Sex:		M		F	
Address:									
City:		State:		Zip:					
Have you notified any other federal, state, or local agency of your complaint or filed a lawsuit or grievance to these matters?					Yes		No		
If yes, with what agency did you file a complaint?									
What is the complaint number, if known?									
Has your complaint been resolved?					Yes		No		
If yes, briefly summarize the results:									
Have you previously filed a complaint with the Louisiana Office of State Inspector General on this issue?					Yes		No		
If yes, please list name of the case and/or any known case numbers:									
May we refer your complaint to the appropriate agency if necessary? Once referred, you may be contacted by that agency as part of the investigation.					Yes		No		
If your complaint is referred, do you want your name and contact information removed?					Yes		No		

Please summarize your complaint below. Include the date and time of the alleged incident(s). If you are mailing the form, please attach any supporting documentation.

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Do you have first hand knowledge of the alleged incident(s)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Other person(s) who could be a witness to the complaint you have alleged:

Name:		Phone:	
Name:		Phone:	