



CONTRACTOR/VENDOR REPORTING FORM

OFFICE OF INSPECTOR GENERAL

Please provide some information about the person(s), department, agency, entity, contractor or vendor about which you are alleging a violation(s) of waste, fraud, misconduct, mismanagement or other abuse.

Who is the subject of your complaint? _____

Which government/entity is involved? _____

Which department, division or agency is involved? _____

Is there a vendor or contractor involved, if so who? _____

What is the violation(s) that you wish to report?

Have you reported this alleged violation(s) to any other authority? YES

☐

NO

☐

If yes, who? _____

"Enhancing Public Trust in Government"

When reporting fraud, waste, or abuse, you may remain anonymous if you wish. You are encouraged to identify yourself so that we may follow-up on your complaint via e-mail or telephone, and obtain additional information that may be helpful to our review of the matter. Complaints may also be filed as a potential Whistle-blower.

When reporting information to the OIG, please be as specific and provide as much detail as possible. The more information you provide, the better, as it helps determine how we respond to your complaint. Any relevant information or knowledge you acquire after making your report to the OIG should be reported in a follow-up submission.

I request to remain anonymous.

☐

If you have checked this box please skip to the bottom of this form and submit this form in a manner **other** than by e-mail or fax, as these methods may require you to provide identifying information that will not allow you to remain anonymous.

I request whistle-blower status.

☐

In order to be granted whistle-blower status your complaint(s) must rise to the level of "gross" mismanagement, malfeasance, misfeasance, waste of public funds, or neglect of duty committed by an employee or agent of an agency or independent contractor. You must provide your name in order to be considered for whistle-blower status.

If you are **not** requesting to remain anonymous, please provide the following:

Name: _____

Home Address: _____

City, State, Zip Code: _____

Name of your company: _____

E-mail Address: _____

Daytime Phone: _____ Evening Phone: _____

What would be the best time of day to reach you by phone? _____

Print and then mail, fax or scan completed form with any supporting documentation to:

Office of Inspector General
P.O. Box 43586
Jacksonville, FL 32203

Fax: (904) 630- 8003

Email: InspectorGeneral@coj.net