

Office of Inspector General

## **Complaint Form**

Information about you:		
I wish	to:	
	Remain anonymous.	
	Provide information confidentially to Office of Inspector General (OIG) personnel.	
	Waive confidentiality and agree to be contacted by OIG personnel and others outside OIG.	
	agree to waive confidentiality and to be contacted by OIG personnel and others, provide your contact information as listed below:	
Name:		
E-mail Address:		
Mailing Address 1:		
Mailing Address 2:		
City/State/Zip:		
Country:		
Teleph	elephone:	
Fax:		

If your concerns involve USAID funding requests, human resources/employment issues, or education requests, please forward them to <a href="mailto:pinquiries@usaid.gov">pinquiries@usaid.gov</a>

## The alleged violator (enter all available information): Name: **Business Title:** Business/Agency Name: Address 1: Address 2: City/State/Zip: Country: Telephone: Fax: What would you like to report? The selection of one or more allegation types is required. Bribery/Conflict of Interest False Claims **Employee Misconduct** Theft/Embezzlement Contract, Grant, or Procurement Fraud Mismanagement Computer Crime Travel/Time and Attendance Fraud Credit Card Fraud **False Statements** Other

## To help us evaluate your complaint, please provide responses to the following questions:

1. What is the problem you want to report? Describe the problem as specifically as possible.

	2.	When and how did you become aware of the problem?
	3.	How long has the problem existed?
	4.	When was the most recent occurrence of this problem?
	5.	Can you identify any documents, persons, or activities that we can use to verify the problem?
	6.	Is there any additional information that might be useful to us in evaluating this complaint?
	Co	ntact Requested: Please contact me as soon as possible regarding this matter.
Please attach any supporting documentation.		