



# EMPLOYEE REPORTING FORM

John A. Carey  
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 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 to any other authority? YES NO

If yes, who? \_\_\_\_\_

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 select the print button 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: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Which government/entity do you work for? \_\_\_\_\_

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

Office of Inspector General  
PO Box 16568  
West Palm Beach, FL 33416

Fax: (561) 233-2375  
Email: [Inspector@pbcgov.org](mailto:Inspector@pbcgov.org)