

COMPLAINT FORM

To Report Fraud, Waste, Mismanagement or Misuse of State or Federal Funds for Programs Operated by the School System

ALLEGATION

Please provide as much information as possible. Detailed, complete and accurate information will improve the Superintendent's ability to respond to your allegation. If you do not know the answer to a question, you can leave the space blank.

STATEMENT REGARDING ALLEGED VIOLATION

Please provide a statement regarding the alleged violation of a requirement of a federal or state statute or regulation that applies to an applicable program. Please provide details of the alleged fraud, waste, mismanagement or misuse. Examples of facts and circumstances may include items such as: (1) a description of the misconduct; (2) how you know about the allegation; (3) how and when the misconduct was discovered; (4) where the misconduct occurred; (5) the amount of money involved; (6) how long the alleged misconduct occurred; (8) attempts by the alleged violator(s) to hide the misconduct; and (9) any other information you believe may be relevant.

DATE ON WHICH VIOLATION OCCURRED

When did the misconduct occur? If the misconduct occurred over time or is currently ongoing, enter the actual or approximate start date.

ADDITIONAL FACTS ON WHICH THE STATEMENT IS BASED AND THE SPECIFIC INFORMATION ON THE ALLEGED FRAUD, WASTE, MISMANAGEMENT OR MISUSE OF FUNDS

How do you know the complaint involves the misuse of or fraud regarding federal or state funds?

Federal or State Agency that awarded, distributed or administered the funds in question:

Description of Grant, Contract, Loan or Program: _____

Please list any other Government entities you have notified or plan to notify about this incident (Federal, State and Local) _____

CONTACT INFORMATION OF INDIVIDUALS WHO CAN PROVIDE ADDITIONAL INFORMATION

Please identify the names and contact information of individuals who can provide additional information:

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Company, organization, or other entity affiliation, if applicable): _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Company, organization, or other entity affiliation, if applicable): _____

(If additional individuals can provide information, please attach separate page.)

SUPPORTING DOCUMENTATION

Please provide any additional information concerning this misconduct, such as (1) a list or description of any documents you or others may have that is relevant to the complaint; (2) any other information you believe may be relevant to the complaint.

CONTACT INFORMATION OF THE COMPLAINANT

Please provide your contact information.

Name: _____
E-mail Address: _____
Mailing Address: _____

Tel: _____
FAX: _____

**If employed by the Richmond County Board of Education, please provide
Department/School, supervisor and job site location:**

PLEASE SUBMIT FORM TO:

**Richmond County School System
Superintendent of Schools
864 Broad Street
Augusta, GA 30901-1215**