



OFFICE OF INSPECTOR GENERAL COMPLAINT FORM

COMPLAINANT INFORMATION	
If you wish to remain anonymous, do not enter your name but please provide contact information such as an e-mail or telephone number.	
Do you wish to remain anonymous?	<input type="checkbox"/> Yes (I understand that if I remain anonymous, I am not eligible for whistle-blower status.) <input type="checkbox"/> No
Full Name	
Phone Number	
E-mail Address	
Home Address	
Work Address	
Please select which best applies to your status.	<input type="checkbox"/> Private Citizen Current Employee of: <input type="checkbox"/> St. Johns County Government <input type="checkbox"/> St. Johns County Clerk of Court and Comptroller <input type="checkbox"/> St. Johns County Contractor Former Employee of: <input type="checkbox"/> St. Johns County Government <input type="checkbox"/> St. Johns County Clerk of Court and Comptroller <input type="checkbox"/> St. Johns County Contractor Employee Applicant of: <input type="checkbox"/> St. Johns County Government <input type="checkbox"/> St. Johns County Clerk of Court and Comptroller
Has this issue been reported to any other party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Whom? When did you contact this person/entity and what were the results?	

INFORMATION ABOUT THE EMPLOYEE, VENDOR, OR INDIVIDUAL WHO IS THE SUBJECT OF THIS COMPLAINT:

First Name	
Last Name	
Email	
Phone Number	
Address (if known)	
Work Address	
Department/Division	
Title	
Nature of allegation(s)	<input type="checkbox"/> Fraud <p>“Fraud” means to obtain something of value through willful misrepresentation, including, but not limited to, intentional misstatements or intentional omissions of amounts or disclosures in financial statements to deceive users of financial statements, theft of an entity’s assets, bribery, or the use of one’s position for personal enrichment through the deliberate misuse or misapplication of an organization’s resources. See § 11.45(1)(e) Fla. Stat.</p> <input type="checkbox"/> Waste <p>“Waste” means the act of using or expending resources unreasonably, carelessly, extravagantly, or for no useful purpose. See § 11.45(1)(m) Fla. Stat.</p> <input type="checkbox"/> Abuse <p>“Abuse” means behavior that is deficient or improper when compared with behavior that a prudent person would consider a reasonable and necessary operational practice given the facts and circumstances. The term includes the misuse of authority or position for personal gain. See § 11.45(1)(a) Fla. Stat.</p>

SUMMARY OF COMPLAINT

Please be as specific as possible. Give the name(s) of the employee(s) or vendor who committed a wrongdoing such as fraud, waste, or mismanagement of County/ COCC funds or resources. State exactly what happened. Provide witness' names and how to contact the individual(s), if known. Provide the details and location of any records or documents that may support your complaint.

Identify witnesses, including name, phone number, e-mail, and title.

Identify any records you have that support the allegation(s).