State Of Louisiana

Office of State Inspector General

Complaint Form

Date of Complaint: x

Complainant's Name: (Optional)

Address:

City:

State:

Zipcode:

Phone Number:

Fax Number:

Other Phone:

Email Address:

Are You A State Employee (Y/N):

If Yes, Which Department or Agency:

Is Your Complaint Against A State Employee, Agency, Vendor or Contractor (Y/N):

If Yes, Who:

What Is The Subject Of The Complaint:

What State Department Is Associated With Complaint:

What Agency, Board or Commission Is Associated:

When Did The Event Occur:

Briefly Summarize Your Complaint:

Do You Have First Hand Knowledge of Alleged Incidents (Y/N):

Name of Other Person(s) Who Could Be A Witness To The Allegation:

May We Refer Your Complaint to Appropriate Agency(Y/N):

If Referred, Do You Want Your Contact Information Removed (Y/N):

Have You Notified Any Other Authority (Y/N):

If Yes, Who:

What Is The Complaint Number:

What Was the Outcome:

Have You Filed A Lawsuit Or Grievance On These Matters (Y/N):

If Yes, With Who:

What Was The Outcome:

Have You Previously Filed A Complaint With The IG On This Matter (Y/N):

If Yes, What Was The Case Name or Number: