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| ***Please complete this form and mail or fax it to:*** |
| Georgia Environmental Finance AuthorityAttn: Public Affairs Division47 Trinity Ave SWFifth FloorAtlanta, GA 30334Fax: 404-584-1069Email: publicaffairs@gefa.ga.gov |

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**GEORGIA ENVIRONMENTAL FINANCE AUTHORITY**

**FRAUD, WASTE, AND ABUSE REPORTING FORM**

\*Required fields.

What are you reporting?

     

Providing personal contact information is not required but it will help us process your complaint and will give GEFA the ability to follow-up on your report if necessary. We treat your contact information as strictly confidential and acknowledge receipt of your complaint.

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| First Name: Click here to enter text. | Last Name: Click here to enter text. |
| Email Address: Click here to enter text. |
| Home Phone: Click here to enter text. | Cell Phone: Click here to enter text. | Work Phone: Click here to enter text. |

Georgia law protects public employees who disclose an alleged violation of our non-compliance

with any federal, state, or local law, rule or regulation pertaining to the possible existence of

any activity constituting fraud, waste, and abuse in or relating to any state program or operations.

Any public employee who reports a potential violation shall be free from discipline or reprisal

from his employer, unless such disclosure was made with false and reckless disregard.

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| **Name of person(s) and agency involved in alleged wrongful act or omission**. |
| First Name:\* Click here to enter text. | Last Name:\* Click here to enter text. |
| Position/Title: Click here to enter text. | Agency:\* Click here to enter text. | Division: Click here to enter text. |
| Street Address: Click here to enter text. |

Summary of facts relevant to the allegations:

Information that is helpful includes: What is the problem? Who is involved? When, where and

why did it happen?\*

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| Click here to enter text. |

Other helpful information (if known):

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| Click here to enter text. |

Is there evidence to support this allegation?

 

Has this complaint been filed with any other agency or investigative entity? \*

 

If yes, what is the name of the agency?

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| Click here to enter text. |

Date Filed:

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|  Click here to enter text.  |

List any action taken by that agency:

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| Click here to enter text. |

Has a lawsuit and/or administrative grievance been filed against this agency/individual based on

the allegations in this complaint?\*

  

If yes, what is the name of the court and status of the case?

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| Click here to enter text. |

Are there any documents regarding the alleged wrongful act or omission?

(i.e., contracts, memos, letters, evaluation forms, minutes of meetings, etc.)

If so, describe and/or attach them to this form.

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| Click here to enter text. |

Attach relevant documents:

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| Click here to enter text. |

Provide the name(s) of other people we may contact with knowledge of the alleged wrongful act or

omission. Include the phone number of such person(s).

|  |  |
| --- | --- |
| **Name:** | **Phone Number:** |
| Click here to enter text. | Click here to enter text. |
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Is your allegation related to funds from the American Recovery and Reinvestment Act (Stimulus Plan) of 2009?

 

Please be specific on how the funds related to the entity/program you are reporting is related to the American Recovery and Reinvestment Act (to include others who may have specific information and/or documents related to your allegation).

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| Click here to enter text. |



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| **INTERNAL USE ONLY:** |
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