

## Commonwealth of Virginia Office of the State Inspector General PERSONNEL COMPLAINT FORM

### HOW TO FILE A COMPLAINT:

Any person desiring to file a complaint against an employee of the Office of the State Inspector General, regardless of nature, may do so in person, by mail, or by telephone. Although it is not mandatory that you complete this form or personally write out your statement, the completion of this form will assist the State Inspector General in determining the appropriate assignment for investigation into the complaint.

In Person: 101 N. 14th Street, 7th Floor, Richmond, VA 23219 or speak with an employee of OSIG

<u>Mail/E-Mail:</u> Office of the State Inspector General, P.O. Box 1151, Richmond, VA 23218 osig@osig.virginia.gov

Telephone: (804) 625-3255

#### **INVESTIGATION PROCESS:**

A prompt, thorough, and unbiased investigation into the complaint will normally be completed within thirty (30) days of its receipt. The assigned investigator may conduct additional interviews to gather pertinent information relevant to the complaint. The employee(s) involved will also be notified of the impending complaint and investigation. All completed investigations are forwarded to the State Inspector General for adjudication and final disposition.

#### **COMPLAINANT INFORMATION**

 $\Box$  I wish to remain anonymous.

Full Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:	Email:		

#### WITNESS INFORMATION

 $\Box$  I do not have information on any witnesses present when the incident took place.

□ I wish to provide information on a witness that was present when the incident took place.

Full Name:				
Street Address:				
City:	State:	Zip Code:		
Phone:	Email:			

Full Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	



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### **INCIDENT INFORMATION**

Date of Incident:	Time of Incident:			
Location of Incident:	·			
Summary of Incident: (Please be specific and as detailed as possible)				

I do hereby affirm that the information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading or untrue statements, accusations, or allegations herein made by me, in relation to this complaint, either orally or in writing to any persons investigating this complaint may subject me to civil suit and/or criminal prosecution.

**Complainant Signature** 

Date

CONFIDENTIAL STATE INSPECTOR GENERAL DOCUMENT THIS DOCUMENT MAY NOT BE COPIED, DISTRIBUTED, OR RELEASED WITHOUT THE WRITTEN AUTHORIZATION OF THE STATE INSPECTOR GENERAL 22.1 – Complaint Form, Incident Number: