



# STATE UNIVERSITY SYSTEM OF FLORIDA

Date:

**YOUR CONTACT INFORMATION** - You may remain anonymous if you choose. However, it is most beneficial if we have the ability to contact you for additional information or clarification of the issues you are reporting.

First Name:

Last Name:

Home Phone Number:

Cell Phone Number:

E-mail Address:

Home Mailing Address:

City:

State:

Zip:

Your Employer:

Work Phone Number:

Work Mailing Address:

City:

State:

Zip:

How would you prefer we contact you?

**What is your status with the Board of Governors or a Board of Governors' Contractor:**

- Current employee of the Board of Governors or Board of Governors' contractor
- Former employee of the Board of Governors or Board of Governors' contractor
- An applicant for a position with the Board of Governors or Board of Governors' contractor
- Current employee of a State University or a State University's contractor
- Former employee of a State University or a State University's contractor
- An applicant for a position with a State University or a State University's Contractor
- None of the Above

Please Specify:



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Has this issue been reported to any other party?    Yes    No

- If yes, please enter the party's contact information:

First Name:

Last Name:

Employer, business or organization:

Position Title:

Phone Number:

E-mail Address:

Mailing Address:

City:

State:

Zip:

- Please explain if any actions were taken:



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## COMPLAINT INFORMATION

### Who committed the alleged violations?

First Name:

Last Name:

Employer, business or organization:

Position Title:

Phone Number:

E-mail Address:

Mailing Address:

City:

State:

Zip:

Please explain your complaint, to include:

- A description of the concern in sufficient detail to enable our office to understand what occurred, when it occurred, and the basis for your allegation.
- What specific law, rule, regulation, policy or procedure you believe is, or has been, violated.
- Whether the alleged actions are ongoing.
- The locations where the alleged activity occurred.
- Names of witnesses and their contact information, if known.
- If your complaint involves a university, please explain why the university board of trustees is unwilling and unable to address substantiated allegations relating to waste, fraud, or financial mismanagement.
- Please attach any final letters of determination issued by the university (if applicable).



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Please include any supporting documentation. Please note, all documents and attachments submitted with this complaint are subject to public inspection pursuant to Chapter 119, Florida Statutes, unless one of a limited number of specific exemptions applies.

Have you retained an attorney?    **Yes**    **No**

Have you filed suit in court?    **Yes**    **No**

Please explain what would satisfy your complaint?

Please understand not all concerns may be actual violations of the law or regulation. You will receive notification with the results of the complaint review, if we have your contact information.

State University System of Florida Board of Governors  
Office of Inspector General and Director of Compliance  
325 W. Gaines Street, Suite 1614  
Tallahassee, Florida 32399  
Website: [www.flbog.edu](http://www.flbog.edu)  
E-mail: [BOGInspectorGeneral@flbog.edu](mailto:BOGInspectorGeneral@flbog.edu)