



OFFICE OF INSPECTOR GENERAL CITY OF JACKSONVILLE

REPORTING FORM

The Office of Inspector General accepts complaints of potential fraud, waste, abuse, and mismanagement as it relates to the City of Jacksonville, its Constitutional Officers, its Independent Agencies, and contractors/vendors doing business with the Consolidated Government. Your information will be reviewed and assessed for potential violation(s) of governing laws, rules, policies, and procedures, in order to determine appropriate handling. You will be notified upon the completion of this review process, unless your information has been submitted anonymously.

Please complete the provided form in its entirety, where applicable.

Reporting Date:

1. **I am a:** ☐ Current or Former Employee
☐ Current or Former Contract Employee
☐ Applicant for Employment
☐ Contractor/Vendor
☐ Private Citizen

2. **Do you wish to remain anonymous?** When reporting fraud, waste, or abuse, you may remain anonymous if you wish. You are encouraged to identify yourself so that we may follow-up on your complaint via e-mail, telephone, or in person and obtain additional information that may be helpful to our review of the matter. **(If you wish to remain anonymous do not fill in #11.)**

☐ YES ☐ NO

*If you provide your name, your complaint will be assessed for **whistle-blower protection** pursuant to §112.3187, Florida Statutes ([click here for statutes](#)).*

Please provide the following information about the person(s), department, agency, entity, contractor, or vendor about which you are alleging committed waste, fraud, misconduct, mismanagement, or other abuse.

- 4. Who is the subject(s) of your complaint?** Include first and last name, job title, place of employment, and address, if known.

- 5. Describe the incident/event you wish to report.** Include specific dates, times, and locations. Please be as detailed as possible. (You may email additional information to support this complaint, to include attachments, photos, etc. to: InspectorGeneral@coj.net)

6. Who else has knowledge of this incident/event? Include first and last name, job title, place of employment, and address, if known.

7. What rule, regulation, or law do you think the subject(s) violated?

8. Please describe the efforts you have made to resolve this problem.

9. Have you previously contacted or do you intend to contact the Department or Agency directly responsible for this issue?

☐ YES ☐ NO

Department or Agency Contacted: Date:

Provide the name of the person(s) you spoke with and the action taken, if known, by the office listed above:

10. What outcome do you anticipate?

11. Your Contact Information:

First Name: MI: Last Name:

Street Address: City:

State: Zip/Postal Code:

Home Telephone (Area Code & Number):

Work Telephone (Area Code & Number):

Email Address:

12. Are you willing to be interviewed in order to provide further information?

☐ YES ☐ NO

13. How would you prefer to be contacted?

☐ Home Telephone ☐ Work Telephone ☐ Email ☐ In Person

14. What is the best time M-F, between 8am and 5pm, to contact you?

Send completed form with any supporting documentation to:

Office of Inspector General
P.O. Box 43586
Jacksonville, FL 32203

Fax: (904) 255-5813

Email: InspectorGeneral@coj.net