OFFICE OF THE INSPECTOR GENERAL



**COMPLAINT FORM**

The Mission of the Office of Inspector General is to promote integrity, accountability and efficiency in City government. Investigating complaints of fraud, waste, and abuse is one way we carry out our mission. The Office of Inspector General will consider all complaints of fraud, waste and abuse involving:

* Any City employee;
* Any municipal officer, including all
  + heads of City departments,
  + agencies,
  + bureaus
  + and all persons exercising comparable authority;
* Any member of a City board or commission;
* Any individual, organization, or business receiving City-granted funds or other benefits, including, but not limited to, loans, grants, tax credits, below market rate property transfers, tax increment financing, payment in lieu of taxes, or other City subsidies of any kind;
* Any individual, organization, or business providing goods or services to the City pursuant to a City contract; or
* Any individual, organization, or business seeking certification of eligibility to provide goods or services to the City pursuant to a contract.

[Section I - Complainant Information](https://www.ssa.gov/oig/public_fraud_reporting/instructions.htm#section1)

You may remain anonymous, but we have a greater chance of successfully investigating your complaint if you allow us to contact you if necessary. If you wish we can take steps to ensure that your identity remains confidential.

Do you wish to remain **anonymous**? YES NO

Do you want your information to remain **confidential**? YES NO

Please give us your contact information:

First Name:    Middle:      Last: 

Address:       
  
City:        State:           Zip Code: 

Best number to reach you: (numbers only)

Your email address: (example: john.doe@baltimorecity.gov)

[Section II - Case Information](https://www.ssa.gov/oig/public_fraud_reporting/instructions.htm#section2)

Please provide all available information about the person(s) who you believe committed the potential fraud, waste, or abuse. If the information is unknown, leave the field blank. However, without a known subject our ability to investigate this allegation will be somewhat limited.

Please provide all information you have about the subject:

Is this person a: Private Citizen Business owner Business

City of Baltimore employee Contractor

Other Explain: 

First Name:     Middle:         Last: 

If business – Name of business 

Other Names/Aliases used: First Name:     Middle:    Last: 

Address:       
  
City:            State:            Zip Code:   
  
Work Phone: (numbers only)    Ext. 

Home Phone: (numbers only) Cell Phone: (numbers only)

What one category best describes the violation you believe occurred?

Bribery or kickbacks False claims Misuse of position or resources Theft

Threats of violence or assault Violations of laws, regulations, or rulesWhistleblower ReprisalWorkers Compensation Fraud Other – Please explain 

The information you provided us is important and, in some cases, should be referred to another agency for action. When we refer a complaint, we monitor that agency’s action and follow up on the complaint. If appropriate, may we refer your complaint to the appropriate agency?

YES NO

If we refer a complaint to another agency may we include your contact information?

YES NO

Below please provide and explanation of the issue you believe to be a violation. Keep in mind the more specific details you provide the better able we will be to respond to your complaint. Remember to tell us **who** you believe committed a violation, **what** they did, **where** the violation occurred, **when** the violation occurred, **how** it happened and if you know **why** the person committed the violation

[Section III - Witness Information](https://www.ssa.gov/oig/public_fraud_reporting/instructions.htm#section2)

Are there other individuals who witnessed the violation you are reporting?

YES NO

If yes, please give us contact information for your witnesses:

First Name:    Middle:      Last:   
  
Address:       
  
City:          State:      Zip Code:   
  
Best number to reach the witness:  (numbers only)  
  
Please explain below how this person witnessed the violation you are reporting.

**Email –** [**oig@baltimorecity.gov**](mailto:oig@baltimorecity.gov) **Fax – 410-837-1033**

**Mail – OIG, City Hall North - Room 635, 100 N. Holiday Street, Baltimore, MD 21202**

**FIGHTING WASTE, FRAUD and ABUSE for BALTIMORE CITY**