Reporting Waste, Fraud, Abuse or Corruption

It is important to the Georgia Forestry Commission that all of our resources, including our financial ones, are used appropriately and wisely.

If you are an employee and you discover an instance where you believe waste, fraud, or abuse is happening, please let a manager within your chain of command know. If this is not possible for whatever reason, you may report it using this form or by contacting the HR Director who serves as the agency’s Ethics Officer.

If you are a member of the public or an employee of another agency, please use this form to report your concerns. You may also contact the GFC’s HR Director who serves as the agency’s Ethics Officer at 678-476-6224 or at HR@gfc.state.ga.us.

An investigation will begin within 10 business days of receipt of a complaint. Once the investigation is complete, you will be notified of the findings and any changes implemented to prevent future problems.

If you do not feel that the issue has been sufficiently addressed or handled properly, you may also report your concerns to the state’s Inspector General. Please remember that all reports are subject to the Open Records Act so confidentiality cannot be guaranteed. However, retaliation for making a report in good faith is prohibited by the GFC. You will not be fired, demoted, or otherwise penalized for bringing your concerns to our attention or to the attention of the Inspector General. Deliberately false reports will be dealt with under the agency’s discipline policy.

Your name: ___________________________________________________________

E-mail Address (where we can contact you): _______________________________

Home/cell phone: _______________ Work/other phone: _______________

Address: _____________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Are you a state employee?   ____ yes    Agency name _______________________
   ____ no
Have you filed this complaint with any other agency?  ____ yes  ____ no

If yes, which agency _______________________________________________________

Name(s) and title(s), if known, of person(s) involved in the alleged wrongdoing:

1. _________________________________________________________________

2. _________________________________________________________________

3. _________________________________________________________________

Summary of the facts relevant to the alleged wrongdoing. Please provide as much specific information as possible. What is the exact problem? Who was involved? When did it happen? Where did it happen? What exactly happened?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Are there any documents related to the alleged wrongdoing that might be helpful in the investigation (contracts, expense reports, petty cash receipts, F-1 books, e-mails, letters or memos, etc)? If so, please describe them below and attach copies if possible.

____________________________________________________________________
Are there others who may have some knowledge of some part of the alleged wrongdoing and who should be contacted? If so, please provide their names and contact information.

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________

Is there anything else about this investigation that the Ethics Officer should know?

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Do you want your name and contact info kept confidential during the course of the investigation? **Remember that 10 days after an investigation is closed, all information in it, including your name and contact info, becomes an Open Record.**  _____ yes  _____ no

To the best of my knowledge, the information I have furnished is accurate and true.

__________________________________________________________

Complainant signature

Date