



Complaint Form

Fraud, Waste, and Abuse Reporting Form

Report improper use and mismanagement of state resources within the Executive Branch of Arkansas State Government.

Anonymous Reporting

This office accepts anonymous complaints when requested; however, additional informational may be needed for clarification. Although it is not a requirement when submitting a complaint, we ask that you provide a way to contact you.

Are you reporting anonymously? *(Required)* **Yes** **No**

Whistle-Blower Act

The Arkansas Whistle-Blower Act prohibits a public employer from taking adverse action against a public employee who communicates in good faith to an appropriate authority the existence of waste of public funds, property, or manpower or a violation of law; participates, or gives information, in an investigation, hearing, court proceeding, legislative inquiry, or administrative review; or objects to carrying out a directive the public employee reasonably believes violates the law. For more information consult Ark. Code Ann. §§ 21-1-601 to 21-1-610.

Complainant Information (Optional) Your Personal Data

Your Name

First

Last

Your Phone

Your Email

Your Address

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country



Complaint Form

Employment Information

Are you an employee of a state agency, department, board, or commission? *(Required)* Yes No

If yes, list the name of the state agency, department, board, or commission of which you are employed.

Complaint Details

PLEASE DO NOT PROVIDE ANY DATES OF BIRTH, SOCIAL SECURITY NUMBERS, DRIVER'S LICENSES, MEDICAL RECORDS, CREDIT CARD INFORMATION, OR PASSPORT INFORMATION

Name of the state agency, department, board, or commission involved.

State Employee(s) or Individual(s) involved.

First

Last

Position Title of Employee or Individual involved.

Details of Complaint

Details of facts relevant to the allegation. Please provide as much detail as possible including who, what, when, where, why and how.



Complaint Form

Please provide any relevant documents regarding this allegation with this complaint form.

If there are relevant documents that you do not have access to, please describe those documents and how they can be obtained by Internal Audit.

Has this complaint been filed with any other agency? *(Required)* Yes No Unknown

If yes, what agency?

Is there any civil, criminal, or administrative proceeding pending in this matter? *(Required)*

Yes No Unknown

If yes, please explain.

In case of referral to another agency, should your name and contact information be removed? *(Required)*

Yes No Other

If other, please explain.

Important

By submitting this form, you are confirming that the information provided is true and accurate to the best of your knowledge.

Email to: OIA.fraud@arkansas.gov -OR-
Mail to: 323 Center Street, Suite 1200 • Little Rock, AR • 72120