



State of New Hampshire

Department of Labor

Phone: 603.271.3176
Email: Inspectiondiv@dol.nh.gov

COMPLAINT FORM FOR PUBLIC EMPLOYEES

Filed pursuant to RSA 275-E:8

COMPLAINANT INFORMATION

Name: _____ SSN (optional): _____

Mailing Address: _____
(Street) (City)

(State) (Zip) Telephone #: _____

EMPLOYER INFORMATION

Name of Employer /Public: _____

Entity Mailing Address: _____
(Street) (City)

(State) (Zip) Telephone #: _____

Contact Person: _____

Are you reporting: **(check all that apply)**

- Fraud in expenditure of public funds
- Waste in expenditure of public funds
- Abuse in expenditure of public funds

- Fraud relating to programs involving procurement of supplies, services or construction by governmental entities within the state
- Waste relating to programs involving procurement of supplies, services or construction by governmental entities within the state
- Abuse relating to programs involving procurement of supplies, services or construction by governmental entities within the state

Please be as specific as possible with detailed information regarding the basis of your complaint:

CERTIFICATION

I hereby certify that this is a true statement of the facts as is involved in this matter.

Signature: _____ Date: _____

I give the New Hampshire Department of Labor the authority to disclose my identity if my complaint is deemed to have merit.

(optional) Signature: _____ Date: _____

Please be advised that if this complaint is referred for a criminal investigation your identity shall be disclosed without your consent.