



Georgia Department of Human Services  
Office of Inspector General  
2 Peachtree Street, NW  
Atlanta, GA 30303-3142  
Office: 404.463.5495  
Fax: 404.463.5496

## Internal Investigation Request Form

Please use this form to request an investigation of:

- Employee Misconduct
- Contractor Misconduct
- Fraud, Waste and Abuse in DHS Programs

This is a fillable form designed for data input into fields. Use the tab button to navigate between fields. Save or print the completed form and return it with all supporting documentation to Inspector General David LeNoir at the address that appears in the header or via email to [David.LeNoir@dhs.ga.gov](mailto:David.LeNoir@dhs.ga.gov). Thank you.

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Date of Request: \_\_\_\_\_

Reporter (Name/Title): \_\_\_\_\_

DHS Division/Office: \_\_\_\_\_

Reporter's Phone: \_\_\_\_\_

Reporter's Email: \_\_\_\_\_

Name/Title of Primary Contact for Additional Information: \_\_\_\_\_

Primary Contact's Phone: \_\_\_\_\_

Primary Contact's Email: \_\_\_\_\_

County Location of Incident: \_\_\_\_\_

Name/Title of Person to be Investigated: \_\_\_\_\_

## Internal Investigation Request Form-2

Provide a complete explanation of the allegations or complaint in the field below. There is not a word or character count limitation in this field. Be sure to include dates, times, place, names or other persons involved or with knowledge of the matter. Include telephone numbers and/or email addresses for all persons who can provide relevant information. Attach additional pages if necessary.

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I have attached copies of all known documents that support this request for investigation/complaint.

Signature of Reporter	Date

### **FOR OIG Internal Use Only**

- Date Accepted for OIG Action: \_\_\_\_\_ Investigator: \_\_\_\_\_ Case#: \_\_\_\_\_
- Referred to Division/Agency for Further Action: \_\_\_\_\_ Date Referred: \_\_\_\_\_
- Referred to OHR for Further Action: \_\_\_\_\_ Date Referred: \_\_\_\_\_
- Referred to External Entity for Further Action: \_\_\_\_\_ Date Referred: \_\_\_\_\_