

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
PO BOX 2076  
CONCORD, NH 03302-2076  
**COMPLAINT FORM**  
**FOR PUBLIC EMPLOYEES**  
Filed pursuant to RSA 275-E:8

**COMPLAINANT INFORMATION**

Name \_\_\_\_\_ S.S. No. (optional) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Tel. \_\_\_\_\_  
(Street) (City) (State) (Zip)

**EMPLOYER INFORMATION**

Name of-Employer /Public Entity \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Contact Person \_\_\_\_\_ Tel. \_\_\_\_\_

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

- |                                                               |                                                                                                                                                           |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fraud in expenditure of public funds | <input type="checkbox"/> Fraud relating to programs involving procurement of supplies, services or construction by governmental entities within the state |
| <input type="checkbox"/> Waste in expenditure of public funds | <input type="checkbox"/> Waste relating to programs involving procurement of supplies, services or construction by governmental entities within the state |
| <input type="checkbox"/> Abuse in expenditure of public funds | <input type="checkbox"/> 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**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.