

BUSINESS ENGAGEMENT & COMPLIANCE OFFICE COMPLAINT FORM

Name of Complainant	Phone	Name of Firm
Address (Street No., P.O. Box, Etc.)		Title/Position
City, State, Zip		Email Address
Cause for Complaint: <input type="checkbox"/> Non-Payment <input type="checkbox"/> Reduction in Payment DBE <input type="checkbox"/> Reduction in Scope <input type="checkbox"/> Fraud <input type="checkbox"/> Termination or Substitution <input type="checkbox"/> DBE Certification Eligibility		Date of Last Alleged Incident <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> CUF Related <input type="checkbox"/> Other </div>
<p>Explain as briefly and clearly as possible what happened and how the alleged incident or discrepancy occurred. Indicate what was involved. Also attach any written material pertaining to your case.</p>		

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Witness Name(s)		Contact Number(s)	
Have you filed a previous complaint of the alleged incident(s)?		If yes, who did you file complaint with?	
What corrective action do you believe would address your complaint?			
Name of Contractor/Subcontractor		Project Name	
Contract Number	Contact Name		Contact Phone Number
<p><u>AFFIRMATION</u></p> <p>By signing this complaint, I affirm that the above information contained within is valid and accurate to the best of my knowledge, information and belief.</p> <div style="border-top: 1px solid black; margin-top: 20px; display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> Complainant Signature Date </div>			
***** FOR BECO USE ONLY *****			
Staff name who received complaint		Date complaint form received	
Investigator assigned		Date assigned	Investigator initials
Case number	Contracting Department		Date complaint resolved