

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:		Date of Last Alleged Incident	
Non-Payment	Reduction in Payment DBE		
Reduction in Scope	Fraud		
Termination or Substitution	DBE Certification Eligibility		
		CUF Related	Other
<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>			

BUSINESS ENGAGEMENT & COMPLIANCE OFFICE COMPLAINT FORM

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>			
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Complainant Signature		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date	
***** 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	