# **Allegation Form**

**Minnesota Office of the Legislative Auditor (OLA)**

You may use this form to report wrongdoing in state government. Before you complete this form, you may wish to review the following about how OLA will handle the information you provide.

* **Information you provide on this form will be used to perform OLA’s work**, including evaluating and addressing allegations. If you do not provide the information requested below, we may need to complete our work without that information.
* **You are not required to provide your name or contact information.** However, if you do not provide a way to contact you, we will not be able to contact you for additional information and may not be able to give you information about your allegation.
* **Information you provide about yourself on this form, including your identity, will be confidential during the course of OLA’s inquiry or review.** We will not disclose your identity to the subject of your allegation during our inquiry or review unless you authorize OLA to do so. If you are reporting an allegation on behalf of your company, nonprofit, or organization, the entity’s identity would be classified as protected nonpublic with the same exception. Note that sharing this information sometimes makes it easier for OLA to address your allegation.
* **You may request that OLA classify your identity as private.** If it permits you to share information you would not have otherwise, OLA can classify your identity as private. Similarly, OLA can classify the identity of your company, nonprofit, or organization as nonpublic. Information or documentation that may reveal the identity of you or your entity would have the same classification. If this classification is applied, identifying information would remain private or nonpublic after the conclusion of any inquiry or review.
* **Providing information on this form may be voluntary.** You are not required to provide information requested on this form unless you are a public employee or an employee of an entity that receives public funds. Certain individuals are statutorily required to report evidence or information related to certain types of misconduct; please review information about these requirements on <https://www.auditor.leg.state.mn.us/requirements.htm>. If you do not provide information you are required to provide, OLA could issue a subpoena or otherwise compel you to provide it.
* **Information about your allegation will be accessed by OLA staff and others authorized to do so.** Unless otherwise classified, information about your allegation will be public if OLA completes a report regarding your allegation. Information you submit will generally be private or nonpublic if OLA decides not to pursue your allegation, except that data documenting OLA’s work will be public. Even not public information about an allegation may be reported to or accessed by the Legislative Audit Commission, the attorney general, a county attorney, or law enforcement, which may lead to civil or criminal proceedings. The information could also be released to other individuals or entities if authorized or required by state or federal law.
* Questions about how these data practices apply to your allegation may be directed to OLA’s Data Practices Compliance Official. Contact information is available here: <https://www.auditor.leg.state.mn.us/access.htm#contacts>.

**First Name:**

**Last Name:**

**Name of your Business, Nonprofit, or Organization, if applicable:**

**Daytime Phone:**

**E-mail Address:**

**Do you authorize our office to disclose your identity (or the identity of your company, nonprofit, or organization) to the subject of your allegation during our inquiry or review?**

[ ]  **Yes**

[ ]  **No**

**Do you need your identity (or the identity of your company, nonprofit, or organization) to be private or nonpublic in order to provide information related to your allegation?**

[ ]  **Yes**

[ ]  **No**

**1. Please describe what occurred that you think was inappropriate.**

**2. When (or over what period) did this occur?**

**3. Who was involved? (Please be specific—provide the names of agencies, parts of agencies, or the names and positions of individuals, if you know them.)**

**4. Do you believe this action violated a law, rule, or other standard? If so, please explain.**

**5. How do you know about what happened? (Did you see it first-hand or hear about it from others?) How certain are you that wrongdoing occurred?**

**6. What witnesses, documents, or other evidence might support your allegation? (If you have supporting documents, please send or deliver them to** **Katherine.Theisen@state.mn.us** **or Katherine Theisen, Office of the Legislative Auditor, 140 Centennial Building, 658 Cedar Street, St. Paul, MN 55155.)**

**7. Have you reported this allegation to a government office other than the Office of the Legislative Auditor?**

[ ]  **No**

[ ]  **Yes**

**8. If you said "Yes" to the previous question, please indicate the office(s) to which you reported the allegation, when you reported the allegation, and any action(s) the office(s) took, to your knowledge.**

**9. If you have additional comments about this allegation, please offer them below.**

Thank you for taking time to complete this form.