



**STATE OF GEORGIA
OFFICE OF THE STATE INSPECTOR GENERAL**

**COMPLAINT FORM
To Report
Fraud, Waste, Abuse or Corruption
Within the Executive Branch of State Government**

| | |
|--|---|
| Name of person making complaint. | |
| Your Name Laura Gallegos | |
| Street Address 2435 Lochlaurel Rd. | City, State, Zip Valdosta Ga 31601 |
| Telephone Home: Cell: 229 834 1911 Work: | County Lowndes |
| (If more than one complainant is reporting, please use additional sheets.) | |
| Name of person(s) and agency involved in alleged wrongful act or omission. | |
| Name Chris Harvey | Position/Title Deputy Inspector General |
| Agency Secretary of State | Division |
| Street Address 2 MLK Dr West Tower | City, State, Zip Atlanta Ga. 30334 |
| (If more than one individual is involved, please use additional sheets.) | |
| Summary of facts relevant to the allegation(s): | |
| <p><i>Information that is helpful includes: What is the problem? Who is involved? When, where and why did it happen? (Use additional sheets if necessary.)</i></p> <p>The Lowndes County Election Supervisor filed complaint against me to cover up her own certification violations and the Deputy Inspector General conducted an investigation without contacting me to get information. He then recommended to the State Election Board that I should be referred to the Attorney General to be charged even though I clearly did nothing wrong. He also never provided me any information about the charges so that I could properly defend myself at the SEB hearing. Please see my attached letter for the details</p> | |

Other helpful information (if known):

Has this complaint been filed with any other agency or investigative entity? Yes No

If yes, what is the name of the agency?

Date Filed:

List any action taken by that agency:

Has a lawsuit and/or administrative grievance been filed against this agency/individual based on the allegations in this complaint? Yes No

If yes, what is the name of the court and status of the case?

Are there any documents regarding the alleged wrongful act or omission? (i.e., contracts, memos, letters, evaluation forms, minutes of meetings, etc.) If so, describe and/or attach them to this form.

Provide the name(s) of other people we may contact with knowledge of the alleged wrongful act or omission. Include the address and phone number of such person(s).

Are you a state employee? Yes No

If so, what agency?

To the best of my knowledge, the information contained in this complaint is true and accurate.

Signature _____ Date _____

Please return your completed form by mail or fax:

Office of the State Inspector General
2 Martin Luther King, Jr., S.W.
1102 West Tower
Atlanta, Georgia, 30334
Fax: 404-657-9716