NJ Economic Development Authority Complaint Intake Form

The NJEDA has established a whistleblower program which includes phone and email access which is available to both employees and external parties who wish to identify concerns regarding any issue at the NJEDA.

This form is to be used to document complaints and/or report a violation of law or policy alleged to have been committed by NJEDA employees or applicants for financial assistance. Information provided on this form is confidential and will be divulged to the minimum extent necessary to conduct a comprehensive and thorough investigation. You may file this form annonymously.

Call: 609.858.6909								
Email: hotline@njeda.com DATE COMPLAINT RECEIVED:			OMPLIANCE	= : □	ETHICS:		CEPA: □	
		ING COMPLAINT:	0111 227 11102	<u>. </u>	2111203		CLI / II L	
EMPLOYEE / INDIVIDUAL ALLEGING THE ACTIVITY							ANONYMOU	S: □
NAME:								
DEPT: POSITION:								
LOC:								
CONTACT INFOR	RMATION (O	PTIONAL)						
ADDRESS:								
TELPHONE #:			E-MAIL:					
Yes No Would the individual alleging the activity be available in the future to provide further information							No	
would the maivid	duai alleging	the activity be availat	ne in the ru	ture to provi	de rurther	mormat	ion	
TYPE OF ACTION ALLEGED (Check all that apply)								
Illegal	8	Fraudülent		Polic	су [-	Retaliation	
Safety		Statutes		Reg	ulations [_	Ethics	
Other:			1					
Name(s) of party(ies) involved:								

PRIVILEGED AND CONFIDENTIAL

Summary of the allegations:							
7							

DATE OF ALLEGED ACTIVITY:							
Date of Earliest Incident / / Date of Latest Incident / / Behavior continuing? (If yes check here)							

PRIVILEGED AND CONFIDENTIAL

Advice Sought by Individual and/or Advice Provided by Compliance Staff:						
Φ.						
DATE OF ALLEGED ACTIVITY:						
Date of Earliest Incident / / Date of Latest Incident / / Behavior continuing? (If yes check here) □						

PRIVILEGED AND CONFIDENTIAL

Name of Witness:	Address/Work Location/Contact Information:			
Name of Witness:	Address/Work Location/Contact/Information:			
Name of Witness:	Address/Work Location/Contact Information:			
Has the problem been reported to anyother person?	□ Yes □ No			
If yes, with whom did you speak?				
Name: Date:	Position:			
Have you filed a complaint in the past? ☐ YES ☐ NO	(If the answer is yes, complete below):			
Approximate Date(s) Filed:	Person(s) who received that complaint:			
SIGNATURE:	DATE:			
FOR NJ CEPA AND ETHICS OFFICE USE O	NLY			
Complaint #: Date Filed: Date I	Received: Status:			
Action Taken: YES □ NO: □ Basis:	Date Closed:			
INVESTIGATOR ASSIGNED:	DATE:			