# Thomas Walter Josev High School

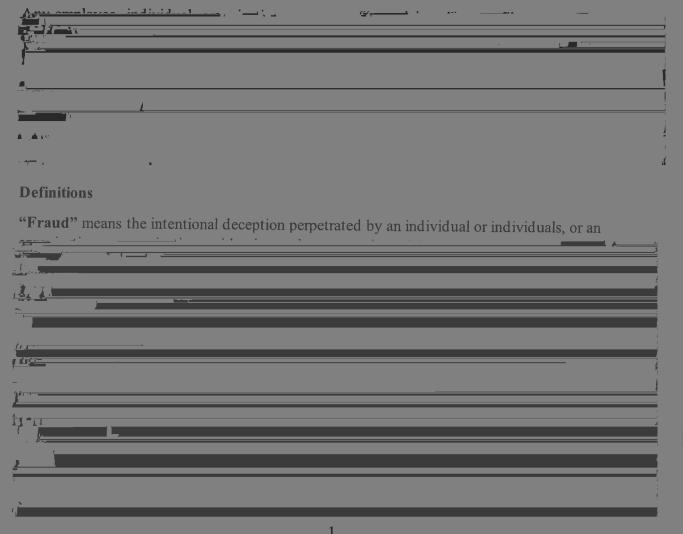
1701 Fifteenth Street. Augusta, Georgia 30901
Phone: 706-737-7360 Fax: 706-737-7363
Derrias Priestley, Ed.D.- Principal
Quwan Ellis-Asbury, Katrena Springs, Kelly Winstead- Assistant Principals

Complaint Procedures Prohibiting Fraud, Waste, Mismanagement, Corruption or Misuse of Funds

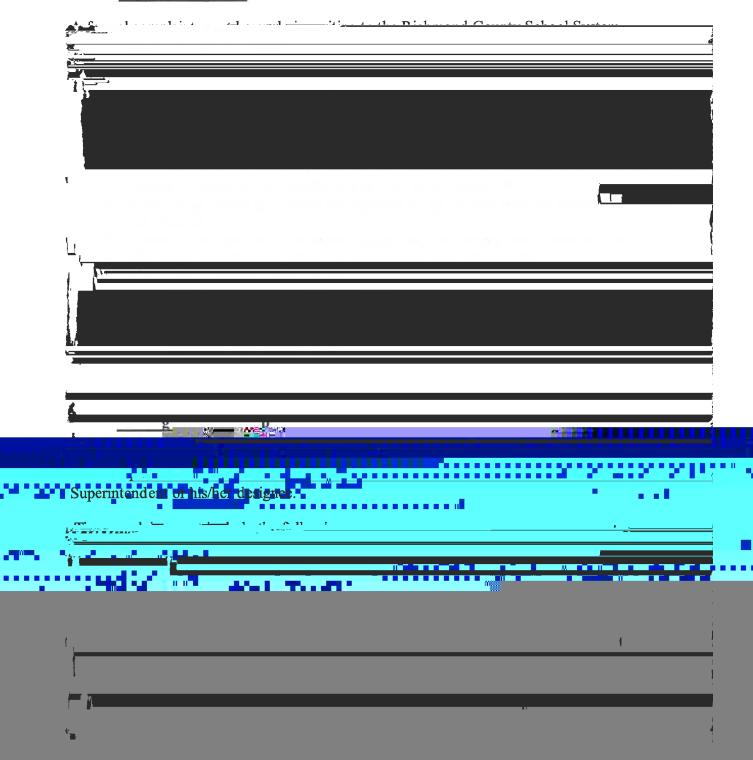
#### Purpose

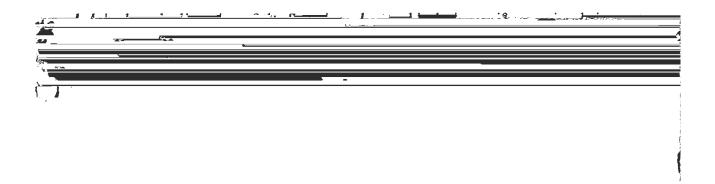
In compliance with White House Executive Order 12731, the Richmond County School System provides all employees, clients, vendors, and individuals with confidential channels to report suspicious activities. The Richmond County School System shall not tolerate fraud, waste, abuse or corruption of any kind and has an established system for the reporting and investigating of suspicious activities.

#### A. Grounds for a Com laint



## C. Filing a Complaint





| ADDIT              | IONAL  | FACTS       | ON      | WHICH         | THE       | STAT      | EMENT       | IS     | BASED       | AND      | THE |
|--------------------|--|-------------|---------|---------------|-----------|-----------|-------------|--------|-------------|----------|-----|
|                    |  |             |         |               |           |           |             |        |             |          |     |
|                    |  |             |         |               |           |           |             |        |             |          |     |
| Federal            | or State A                                       | agency tha  | at awa  | rded, distri  | buted o   | r admini  | istered the | e func | ls in quest | ion:     |     |
| Descrint           | Description of Grant. Contract. Loan or Program: |             |         |               |           |           |             |        |             |          |     |
| 14                 | _  |             |         |               |           |           |             |        |             |          |     |
|                    | CT INF   |             | ION (   | OF INDIVI     | DUAL      | S WHO     | CAN PI      | ROV    | IDE ADD     | ITION    | AL  |
| Please id informat |  | e names ai  | nd con  | itact inform  | nation of | f individ | uals who    | can p  | provide ad  | ditional |     |
| Name:              | Last   |             |         | First         | :         |           | Middle      |        |             |          |     |
| Address            |  |             |         |               |           |           |             |        |             |          |     |
|                    |  |             |         | State: _      |           | Zip:      |             |        |             |          |     |
| Company            | y, organiz                                       | ation, or o | other e | ntity affilia | ition, if | applicab  | ole):       |        |             |          |     |

| Name:  |          |        |  |  |  |  |  |
|--|----------|--------|--|--|--|--|--|
| Last   | First    | Middle |  |  |  |  |  |
| Address:   |          |        |  |  |  |  |  |
| City:  | State: 2 | Cip:   |  |  |  |  |  |
| Email:   |          |        |  |  |  |  |  |
| Company, organization, or other entity affiliation, if applicable):            |          |        |  |  |  |  |  |
| Af additional individuals can provide information, please attach separate page |          |        |  |  |  |  |  |
|  |          |        |  |  |  |  |  |
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| 1  |          |        |  |  |  |  |  |







### **CONTACT INFORMATION OF THE COMPLAINANT**

Please provide your contact information.

| Name:  |     |                    |
|--|-----|--------------------|
| E-mail Address:  | a ( |                    |
| Mailing Addressy "   |     | WIIII *** WIII *** |
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|  |     |                    |
| The state of the s |     |                    |

If employed by the Richmond County Board of Education, please provide Department/School, supervisor and job site location:

PLEASE SUBMIT FORMTO: Richmond County School System Superintendent of Schools 864 Broad Street Augusta, GA 30901-1215