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# Office of Policy and Audit

Serving Education & Labor and Energy & Environment Cabinets

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## Our Mission

The Office of Policy and Audit is tasked with conducting investigations and audits, on behalf of the Commonwealth, to promote accountability, integrity and transparency within the **Education & Labor**, and **Energy & Environment** Cabinets.



The Office of Policy and Audit acknowledges that within these Cabinets, are hardworking, responsible, and honest individuals comprise the majority of state employees. It is also our belief that the responsibilities of this Office are critical in ensuring that state employees conduct themselves with the highest of standards. It is the commitment of the Office to fulfill its mission of safeguarding integrity and accountability in state government. The Office of Policy and Audit remains dedicated to the principle that no public servant, regardless of rank or position, is above the law, and the strength of our government is built on the solid character of the individuals who hold the public trust.

## SAFEGUARDING INTEGRITY AND ACCOUNTABILITY

If you believe that an employee of the **Education & Labor Cabinet** or the **Energy & Environment Cabinet** may be engaged in fraud, waste, or abuse of public trust, you may submit a complaint to the Office of Policy and Audit by calling **502 564-1985** or submitting an **email** to: [elc.opa@ky.gov](mailto:elc.opa@ky.gov) or by **completing this form**.

*IF YOUR COMPLAINT IS ABOUT AN INDIVIDUAL IN A CABINET OTHER THAN ELC, OR EEC, PLEASE GO TO THAT CABINET'S WEBSITE FOR INFORMATION ON HOW TO PROCEED.*

### OFFICE OF POLICY AND AUDIT COMPLAINT FORM

FULL NAME:	PHONE NUMBER:
ADDRESS:	
Name of Public Employee you wish to complain about:	Where is that individual employed: Circle one: <b>ELC, EEC</b>
<b>NATURE OF COMPLAINT</b>	
Please provide a detailed statement of the alleged wrongful actions:	
I authorize the Office of Policy and Audit to use my name in this investigation:	
<input type="checkbox"/> Yes <input type="checkbox"/> No   Date: _____ Signature: _____	