

OPEGA Review Request Form

Office of Program Evaluation and Government Accountability

Please complete this form with information that is as specific as possible. Use additional pages as necessary. If you wish to submit your request in a letter please include as many of the details asked for on this form as possible. You may be contacted by OPEGA and asked for additional information. If you have questions about the form or the request process, please contact OPEGA at 207-287-1901.

1. What is the name of the department, program or function that you want OPEGA to review/audit?

If you know that specific funds are involved, please name the type of funds, and any specific restrictions, rules, or regulations that you are aware of and concerned about.

2. What concerns have led you to request an OPEGA review?

Please include names, dates and places, as well as description of actions you observed or experienced, and please attach any supporting documentation.

3. What specific questions would you like an OPEGA review to answer?

4. What potential beneficial outcomes do you expect may come from OPEGA performing this review?

For example: cost savings, reduction of risk to the state, positive impact on citizens, or any other benefits you think may result from a review.

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5. Have you pursued other avenues to address your concerns?

If so, please provide contact names, dates, and outcomes of those efforts.

6. What else would you like to add to help the Legislature's Government Oversight Committee and OPEGA understand your concern?

Please include additional information, with attachments if appropriate, that you would like to share that was not addressed in questions 1 – 5.

7. Please provide your contact information so that we can follow up on this request with you. If you wish to remain anonymous please check the box and OPEGA will keep your contact information confidential.

Please check this box if you are a Legislator and are submitting this at the request of a constituent.

Name: _____

Best way to contact you: _____
(By email or phone? Times?)

Telephone day/night: _____

Email address: _____

Please submit the completed form to:

OPEGA Director
104 Burton Cross Building
82 State House Station
Augusta, Maine 04333

For OPEGA use only: Request # _____