

Complaint Form for Filing a Protected Disclosure of Improper Governmental Activities and/or Significant Threats to Health or Safety

This complaint form is to be used to file a Protected Disclosure of Improper Governmental Activities and/or Significant Threats to Health or Safety under Executive Order 929. The complaint must be filed either with the Vice Chancellor of Human Resources, Office of the Chancellor, 401 Golden Shore, Long Beach, CA 90802-4210, or with the campus administrator, David Bugbee, Director of Risk Management, 1 Harpst Street, Arcata, CA 95521.

PLEASE PROVIDE ALL REQUESTED INFORMATION. INCOMPLETE FORMS WILL NOT BE REVIEWED.

Name:

Home Address:

Campus Address:

Email Address:

Phone No.: Day:

Evening:

Check One: Employee

Job Title:

Applicant for employment

Position applied for:

Describe fully the alleged improper governmental activity or condition that may significantly threaten the health or safety of employees or the public. Specify what actions were taken that constituted an improper governmental activity or a health or safety condition, by whom the actions were taken, and the dates of such actions. (Use additional sheets of paper if necessary).

Identify all potential witnesses to the alleged improper governmental activity or health or safety condition.

Please attach any documentation in support of your complaint. List all supporting documentation that is attached. If documents supporting your complaint are not in your possession, describe the documents.

I hereby swear under penalty of perjury that the contents of this written complaint are true, or are believed to be true.

Date

Name of Complainant