Improper Governmental Activities Report

Instructions: This form may be used by academic and staff employees, students, applicants for employment, and members of the public. Complete this form and submit it to the employee's immediate supervisor, other appropriate administrator within the operating unit, the Whistleblower Coordinator, the Locally Designated Official, or another University manager.

_____	_____
Name (Last, First, MI)	Laboratory or Campus
_____	_____
Home Address	City/State/Zip
_____	_____
Home Telephone	Work Telephone
_____	
E-mail address	

Are you a UC employee? ☐ yes ☐ no
If yes, provide the following:

_____	_____
Payroll Title	Department
_____	_____
Supervisor's Name	Supervisor's Work Telephone

Describe the specific incident(s) of alleged improper governmental activity that you are reporting. Include the name(s) of the University employee(s) alleged to have undertaken the improper activity and as much detailed information as possible, including when and where the activity occurred. Attach additional pages, if necessary.

Complainant's signature _____ Date _____

State law prohibits interference with the right to file this report, and retaliation for having filed this report.

For office use only:
Date received:_____