Retaliation or Interference Complaint

Instructions: This form may be used by University employees and applicants for employment. Complete this form and submit it to the Whistleblower Coordinator or the employee's supervisor within 12 months of the incident.

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

I filed an Improper Activities Report on _____

I am a(n) ☐ University employee ☐ Applicant for employment
If an employee, provide the following information:

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

Describe the specific act(s) of retaliation for, or interference with, the disclosure of improper governmental activities, and how you were adversely affected. Include the name(s) of the University employee(s) alleged to have taken the action as well as when and where it occurred. Attach additional pages, if necessary.

I swear under penalty of perjury that the contents of this complaint are true to the best of my knowledge.

Complainant's signature _____ Date _____

Office Use Only:
Date received:_____