Complaint of Actual or Attempted Retaliation for Having Made a Protected Disclosure
Under the California Whistleblower Protection Act

Section 8547.12 of the Government Code forbids retaliation or attempted retaliation by any employee of the California State University against employees or applicants for employment for having made protected disclosures under that statute. Allegations of such retaliation may be filed with the Vice Chancellor of Human Resources, Office of the Chancellor, 401 Golden Shore, Long Beach, CA 90802-4210.

Please provide all requested information. Incomplete forms will not be reviewed.

Name: ____________________________________________________________

Home Address: ____________________________________________________

City: __________________________ State: __________ Zip Code: ___________

Campus & Address: ________________________________________________

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________________________________________

________________________________________

Check One:

O Employee

Title: ____________________________________________________________

O Applicant for employment

Position applied for: ______________________________________________

Describe specifically and fully the alleged improper governmental activity or condition that may significantly threaten the health or safety of employees or the public (use additional sheets of paper if necessary).

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List all persons allegedly involved in the improper governmental activity or the health or safety condition and their involvement.

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Describe to whom the improper governmental activity or health or safety condition was reported; the date reported; and whether the report was oral or in writing (if in writing, attach a copy of the report).

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Describe the specific actions taken, by whom, and the dates of said actions that constitute the alleged actual or attempted retaliation.

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List all persons involved in the alleged actual or attempted retaliation and describe the actions that constituted the retaliation.

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________________________________________________________________________
Please attach any documentation in support of your charge. List all supporting documentation that is attached.

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

Signature: ________________________________  Date: ________________________________