



California State Auditor
Bureau of State Audits
Survey to confirm compliance with the
California Whistleblower Protection Act

Please complete this form confirming that you have distributed the information required by the California Government Code, Section 8548, and return it to the Bureau of State Audits in the enclosed self-addressed envelope no later than Monday, July 15, 2002. If you have any questions regarding how to complete this form, please contact Ken L. Willis, Manager of Investigations, at (916) 445-0255.

General Questions

Department name: _____

Number of employees in the department: _____

Number of employees with access to electronic mail: _____

Date required information was sent via electronic mail: _____

Number of locations where required information was displayed, i.e., bulletin boards or other locations where employee notices are maintained: _____

Name and signature of person responsible for department's compliance with the California Whistleblower Protection Act:

Signature _____

Name (please print) _____

Title _____

Phone Number _____

Date _____