Date: July 5, 2005

To: CSU Presidents

From: Jackie R. McClain
Vice Chancellor
Human Resources

Subject: Sample Complaint Form For Filing a Protected Disclosure of Improper Governmental Activities and/or Significant Threats to Health or Safety

Executive Order 929 establishes a procedure for employees and applicants for employment at CSU to make a good faith disclosure of information that may evidence (1) an improper governmental activity, or (2) any condition that may significantly threaten the health or safety of employees or the public if the disclosure or intention to disclose was made for the purpose of remedying that condition.

The attachment is a sample complaint form that may be used to make a disclosure under Executive Order 929. The sample form is designed to solicit information necessary for an investigation. Use of this sample form is recommended, but not mandatory. Whether this sample form or another format is used, a person who wishes to file a complaint under Executive Order 929 must provide all information pursuant to Section III of the executive order. Executive Order 929 complaints 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 appointed by the campus president to receive disclosures under Executive Order 929.

JRMcC/ea

Distribution:

Executive Staff, Office of the Chancellor
Vice Presidents, Administration
Vice Presidents, Faculty Affairs
Vice Presidents, Student Affairs
Human Resources Directors
Equal Employment Opportunity Directors
Sample Complaint Form for Filing a Protected Disclosure of Improper Governmental Activities and/or Significant Threats to Health or Safety

This is a sample complaint form that may be used to make a disclosure 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 appointed by the campus president to receive disclosures under Executive Order 929.

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