CSU Chancellor’s Office - HR Services

Complaint Form for Filing a Protected Disclosure of Improper Governmental Activities and/or Significant Threats to Health or Safety

This form may be used by employees of the Chancellor’s Office, or applicants for positions at the Chancellor's Office, to make a disclosure under Executive Order 929. The complaint must be filed either with the Senior Director, Human Resource Services, or with the Vice Chancellor of Human Resources, both of whom are located at the 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:  ____________________________________________________________

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 ___________________________