

**COMPLAINTS ALLEGING REPRISAL FOR WHISTLEBLOWING:  
ADDITIONAL DISCLOSURES AND PERSONNEL ACTIONS**

Date Received by OSC: _____	OSC Attorney, Investigator, or Complaint Examiner: _____
<b>1. WHAT INFORMATION WAS DISCLOSED?</b> <i>(DESCRIBE WHISTLEBLOWER DISCLOSURE.)</i>	<b>a. WHEN WAS THE DISCLOSURE MADE? (MO/DA/YR)</b>
	<b>b. TO WHOM (NAME AND TITLE) WAS THE DISCLOSURE MADE?</b>
	<b>c. DISCLOSURE OF INFORMATION EVIDENCED (check all that apply):</b> <input type="checkbox"/> VIOLATION OF LAW, RULE, OR REGULATION <input type="checkbox"/> GROSS MISMANAGEMENT <input type="checkbox"/> GROSS WASTE OF FUNDS <input type="checkbox"/> ABUSE OF AUTHORITY <input type="checkbox"/> SUBSTANTIAL AND SPECIFIC DANGER TO PUBLIC HEALTH OR SAFETY <input type="checkbox"/> NONE OF THE ABOVE
	<b>d. WHAT PERSONNEL ACTION OCCURRED, FAILED TO OCCUR, OR WAS THREATENED BECAUSE OF THE DISCLOSURE?</b>
	<b>e. WHEN DID PERSONNEL ACTION(S) OR THREAT(S) OCCUR?</b> <i>(MO/DA/YR)</i>
	<b>2. WHAT INFORMATION WAS DISCLOSED?</b> <i>(DESCRIBE NEXT WHISTLEBLOWER DISCLOSURE.)</i>
Date Received by OSC: _____	OSC Attorney, Investigator, or Complaint Examiner: _____
	<b>a. WHEN WAS THE DISCLOSURE MADE? (MO/DA/YR)</b>
	<b>b. TO WHOM (NAME AND TITLE) WAS THE DISCLOSURE MADE?</b>
	<b>c. DISCLOSURE OF INFORMATION EVIDENCED (check all that apply):</b> <input type="checkbox"/> VIOLATION OF LAW, RULE, OR REGULATION <input type="checkbox"/> GROSS MISMANAGEMENT <input type="checkbox"/> GROSS WASTE OF FUNDS <input type="checkbox"/> ABUSE OF AUTHORITY <input type="checkbox"/> SUBSTANTIAL AND SPECIFIC DANGER TO PUBLIC HEALTH OR SAFETY <input type="checkbox"/> NONE OF THE ABOVE
	<b>d. WHAT PERSONNEL ACTION OCCURRED, FAILED TO OCCUR, OR WAS THREATENED BECAUSE OF THE DISCLOSURE?</b>
	<b>e. WHEN DID PERSONNEL ACTION(S) OR THREAT(S) OCCUR?</b> <i>(MO/DA/YR)</i>

**KEEP A COPY OF THIS PAGE FOR YOUR RECORDS**