

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

Date Received by OSC: _____	OSC Attorney, Investigator, or Complaint Examiner: _____
1. WHAT INFORMATION WAS DISCLOSED? <i>(DESCRIBE WHISTLEBLOWER DISCLOSURE.)</i>	a. WHEN WAS THE DISCLOSURE MADE? (MO/DA/YR)
	b. TO WHOM (NAME AND TITLE) WAS THE DISCLOSURE MADE?
	c. DISCLOSURE OF INFORMATION EVIDENCED (check all that apply): <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
	d. WHAT PERSONNEL ACTION OCCURRED, FAILED TO OCCUR, OR WAS THREATENED BECAUSE OF THE DISCLOSURE?
	e. WHEN DID PERSONNEL ACTION(S) OR THREAT(S) OCCUR? <i>(MO/DA/YR)</i>
	2. WHAT INFORMATION WAS DISCLOSED? <i>(DESCRIBE NEXT WHISTLEBLOWER DISCLOSURE.)</i>
Date Received by OSC: _____	OSC Attorney, Investigator, or Complaint Examiner: _____
	a. WHEN WAS THE DISCLOSURE MADE? (MO/DA/YR)
	b. TO WHOM (NAME AND TITLE) WAS THE DISCLOSURE MADE?
	c. DISCLOSURE OF INFORMATION EVIDENCED (check all that apply): <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
	d. WHAT PERSONNEL ACTION OCCURRED, FAILED TO OCCUR, OR WAS THREATENED BECAUSE OF THE DISCLOSURE?
	e. WHEN DID PERSONNEL ACTION(S) OR THREAT(S) OCCUR? <i>(MO/DA/YR)</i>

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