

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

This complaint form 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 Director of University Risk Management, LH-806(C).

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, who took these actions, and the dates of such actions. (Use additional sheets of paper if necessary)

