

**CALIFORNIA STATE UNIVERSITY, LONG BEACH
FORM FOR ALLEGATION OF IMPROPER GOVERNMENTAL ACTIVITIES**

Section 8547 of the Government Code, known as the California Whistleblower Protection Act, declares that state employees should be free to report waste, fraud, abuse of authority, violation of law, or threat to public health without fear of retribution. This form should be submitted to the Director of Internal Auditing Services, 1250 Bellflower Boulevard, Mailstop 0127, BH 373, California State University, Long Beach. Telephone 562-985-4818.

Please provide all requested information. **Incomplete forms will not be reviewed.**

Complainant's Name _____

Campus Address _____

_____ E-mail Address _____

Home Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Check One:

Employee
Title and Department _____

Applicant for Employment
Position applied for _____

COMPLAINT

Describe specifically and fully the alleged improper governmental activities or conditions 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.*)

Provide as much information on the persons allegedly involved as possible, including: name, position, department, division and work phone.

List any witnesses who can confirm your allegation(s) and provide as much information on them as possible, including: name, title, department, division, work phone and home phone:

EVIDENCE

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. *(Use additional sheets as needed)*

Read the following before signing below:

I hereby swear under penalty of perjury that the contents of this written complaint are true, or are believed to be true.

(Signature)

(Date)

Received by _____

(Date)