

WHISTLEBLOWER COMPLAINT FORM
Please print or type

I Person making complaint:

Name: _____

Address: _____

Place of Employment: _____

Job Title: _____

Telephone Number: (Home) _____ (Work) _____

II Person or Entity That You Reported Engaged In Improper Governmental Activity:

Name and Title of Person/Entity _____

Place of Employment (department, office or school): _____

Telephone Number: _____

Nature of Report of Improper Governmental Activity (please include dates, names, etc.):

(Attach additional sheets if necessary. In addition, please attach copies of any supporting documentation regarding the alleged improper activity.)

To the best of your ability, describe the law(s) or the School District policy that you allege was violated:

Date of this report: _____

Name of person/department the report was submitted to: _____

Names, addresses and telephone numbers of witnesses or persons with information:

III Person you claim has or has attempted acts of interference, intimidation, retaliation, threats or similar acts against you for providing or attempting to provide information of improper governmental activity:

Name and Title of Person: _____

Place of Employment (include department, office or school): _____

Telephone Number: _____

Nature of complaint of retaliation, reprisal, threats or other acts (include dates, names, etc.):

(Attach additional sheets if necessary. In addition, please attach copies of any supporting documentation regarding the alleged retaliation, reprisal, etc.)

Names, Addresses and Telephone numbers of witnesses or persons with information:

IV DECLARATION OF COMPLAINANT: I declare under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct.

Signature: _____

Name (please print): _____

Date: _____