

<b>University of California, Santa Barbara</b> <b>Whistleblower Protection Policy Reporting Form</b>
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You may use this form if you believe you have been retaliated against for making a Whistleblower complaint.\* You may also submit your own written statement if you prefer. Please ensure that a written declaration accompanies whichever format you choose. Please submit your written complaint to:

Locally Designated Official  
 Administrative Services  
 4129 Cheadle Hall #2033  
 Santa Barbara, CA 93106

<b>Your Name:</b>	<b>Job Title:</b>
<b>Telephone:</b>	<b>Department:</b>
<b>E-Mail:</b>	<b>Mailing Address:</b>

**Respondent(s)**

*(Person or persons alleged to have retaliated against you.)*

<b>Name(s):</b>	<b>Department(s):</b>	<b>Title(s):</b>
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**Alleged Retaliation** (engaged in by Respondent or Respondents)

*(Describe the activity that you consider to be retaliation. Include date, time, place and any witnesses or written correspondence. You may also attach an explanatory statement.)*

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\* In order for a retaliation complaint to be accepted, the complainant must allege that: a) he or she filed a report or made a protected disclosure alleging improper governmental activities pursuant to current University policy; or b) he or she was threatened, coerced, commanded, or prevented by intimidation from filing a report of improper governmental activities; or c) he or she refused to obey an illegal order.

**Protected Whistleblower Activity**

*(Describe the Whistleblower activity that you initially reported. Include date, time, place and to whom you reported. You may also attach an explanatory statement.)*

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**Related Actions**

*(Please list any other proceedings in which the above retaliatory actions were included; e.g. grievance, court proceedings.)*

Type of Proceeding/Case Number:	Date Initiated:	Office/Person investigating the matter:
State the outcome or current status of the proceeding:		

**Complainant's Designated Representative (Optional)**

*Complainants have a right to consult with a person of their choice, and/or to appoint that person to represent them in the case.*

<b>Name:</b>	<b>Telephone:</b>
<b>E-Mail:</b>	<b>Mailing Address:</b>

**Declaration**

Pursuant to the California Government Code section 8547.10, I swear under penalty of perjury under the laws of the State of California that the facts set forth in the statement of the complaint, above, and in any supporting information submitted with the complaint, are true and correct to the best of my knowledge and belief. I declare that I have read, understand, and will comply with the confidentiality requirements of the Whistleblower Retaliation Complaint Confidentiality Statement. If I have designated above a person to represent me in this matter, I understand that all notices to and communications with the named representative will be treated as if such notices and communications had been made to me.

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Complainant's Signature

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Date

**Whistleblower Protection Policy**  
**Confidentiality Statement**

The University deals with a Whistleblower Retaliation Complaint as a confidential matter. The complaint and any information derived as a result of an investigation of the complaint will be disclosed only to persons with a legitimate need to know in order to resolve the complaint or to assist in an investigation of the matter, or in other circumstances where the University is required by law to release the information.