



U.S. GOVERNMENT PRINTING OFFICE
OFFICE OF THE INSPECTOR GENERAL

Whistleblower/Reprisal
Complaint Form

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

TOWN/CITY _____

STATE () _____ ZIP CODE () _____

TELEPHONE NUMBER _____ ALTERNATE TELEPHONE NUMBER _____

EMAIL ADDRESS _____

EMPLOYER _____

If you are a GPO employee, please specify your business unit _____

Are you covered by the GPO Master Labor-Management Agreement? Yes No I do not know

Did you make a disclosure? Yes No

What type of disclosure(s) did you make (check all that apply)?

- Violation of law, regulation, or rule
- Gross mismanagement
- Gross waste of funds
- Abuse of authority
- Substantial and specific danger to public health
- Substantial and specific danger to public safety
- Other (please specify):

Please provide the details of the information disclosed:

To whom did you make the disclosure(s)?

On what date(s) did you make the disclosure(s)?

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What personnel action(s) occurred, failed to occur, or was threatened as a result of the disclosure(s)?

On what date(s) did the personnel action occur, fail to occur, or was threatened?

Identify by name and title, if possible, the individual(s) that implemented, stopped, and/or threatened the personnel action(s)?

Did the individual(s) that implemented, stopped, and/or threatened the personnel action(s) know of your disclosure(s)? Yes No

How do you know the individual(s) that implemented, stopped, and/or threatened the personnel action(s) knew of your disclosure(s)?

If you would not have made the disclosure(s), do you believe the personnel action(s) implemented, stopped, and/or threatened would have occurred anyway? Yes (explain below) No

What evidence do you possess or know of that would indicate the individual(s) who implemented, stopped, and/or threatened the personnel action(s) against you did so because of your disclosure(s)?



Has this matter been appealed, grieved, or reported under another procedure, such as the Equal Employment Opportunity (EEO), Office of Special Counsel (OSC), or union processes? Yes (explain below) No

On what date(s) did you elect another procedure?

What is the status of the other procedure(s) (i.e. pending, closed)?

Are you willing to be interviewed (check the appropriate box)? Yes No

By checking this box, I certify that the information contained in this complaint form is truthful to the best of my knowledge. Furthermore, I made this complaint freely and voluntarily, without any threats or rewards, or promises of reward having been made to me in return for it.