INSTRUCTIONS

General. This form is to be completed to file a "whistleblower retaliation" complaint pursuant to the standards set out in the UC Whistleblower Protection Policy (Protection Policy). To determine whether your claim qualifies under this policy, please review the information contained in the following link: https://policy.ucop.edu/doc/1100563/WPP and the UCR Local Procedure available at https://compliance.ucr.edu/investigations . The Locally Designated Official (LDO) will review your complaint to determine if it has the required allegations and is eligible for processing under the Protection Policy.

Please be aware that, if the LDO accepts your whistleblower retaliation complaint for evaluation, the complaint and any supporting documents you submit may be shared with the person(s) identified as having allegedly retaliated against you, witnesses, and University officials responsible for processing and evaluating the complaint.

Please note that capitalized terms used in this complaint form have the meanings given in Section II of the Protection Policy. In the event of any conflict between this complaint form and the Protection Policy, the Protection Policy will govern.

Filing Deadline. Your written complaint must be postmarked by the U.S. Postal Service, personally delivered during University business hours, or received via fax, campus mail, or email within twelve (12) months of when you were formally notified of or otherwise became aware of the Adverse Personnel Action that you allege to be retaliatory. If you allege an ongoing pattern of retaliation, your complaint must be submitted within twelve months of the most recent Adverse Personnel Action.

Delivery Options. Please submit your complaint to the Locally Designated Official by mail or email:

UCR Chief Compliance Office	UCR Chief Compliance Office
Attn: Locally Designated Official	Attn: Locally Designated Official
900 University Avenue	Skye Hall, Room 365
Skye Hall, Room 365	
Riverside, CA 92521	E-mail: LDO@ucr.edu (scan, sign and attach this form
Phone: 951-827-6223	
Fax: 951-827-6226	

CAMPUS MAIL

SECTION I: INFORMATION ABOUT YOU (COMPLAINANT)

MAILING/DELIVERY ADDRESS

Complainant (you) \square <i>Current UCR employ</i>	vee 🗆 Former UCR emp	oloyee 🗆 Appli	cant for UCR employmen
Your Name	Department		Phone
Mailing Address	E	E-mail	

Complainant's Designated Advisor (optional) You have the option to designate someone as your advisor during the process. This person may be an attorney, union representative, or anyone else who is not involved as a party or potential witness in the proceeding or otherwise conflicted in their role. Before naming an advisor, you should confirm that the person is willing to serve in that capacity. Also, if you would like your advisor to receive correspondence concerning your complaint, please check the box below.

Name	Affiliation/Conunion)	mpany (e.g., law firm,	Phone	
Mailing Address		E-mail		
Other Actions Identify any other criev	ar ace/formel comple	into you have filed abou	4 4h - aa iaawaa	
Other Actions. Identify any other griev Grievance/Complaint Number	Date Filed		Filed with (Department or Entity)	
SECTION II: DECLARATION (OAT	ГН)	·		
Your complaint must be true and corre must include a signed oath (declaration)	• •	knowledge and belief.	By law, your complaint	
I swear under penalty of perju facts set forth in my Whistlebb best of my knowledge and bel	lower Retaliatio			
Complainant (Your) Name (printed)	Signature		Date	

SECTION III: COMPLAINT

Under the Protection Policy, a complaint must be timely and include:

- (1) An allegation that you experienced at least one Adverse Personnel Action a management action that affects your employment in a material and negative way.
- (2) An allegation that you engaged in Protected Activity by making a Protected Disclosure or Refusing to Obey an Illegal Order. A Protected Disclosure is most commonly a report that a university employee engaged in an Improper Governmental Activity. A Protected Disclosure may also be a report of a significant threat to health and safety of employees or the public.
- (3) The reasons why you believe you suffered the Adverse Personnel Action because of your Protected Activity.

Allegation 1: Adverse Personnel Action(s) you experienced. For each action, identify when it occurred and	1
who you believe was responsible for taking the action. (As needed, attach additional pages labeled	
"ADVERSE PERSONNEL ACTION.")	
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Allegation 2: Protected Activity. A protected activity is either a Protected Disclosure or a Refusal to Obey an Illegal Order. For each Protected Disclosure, identify what you reported and when, to whom, and how the report was made. For each Refusal to Obey an Illegal Order, identify the order you refused to obey and specify who gave the order, when and how the order was communicated to you, what law or regulation the order violated, and when and how you refused to obey the order. (As needed, attach additional pages labeled "PROTECTED ACTIVITY.")
Allegation 3: Why do you believe the adverse action was taken because of the protected activity? Identify the facts that you believe show that your Protected Activity contributed to the Adverse Personnel Action you experienced. (As needed, attach additional pages labeled "RETALIATION.")