

**LOS ANGELES UNIFIED SCHOOL DISTRICT
OFFICE OF THE INSPECTOR GENERAL
WHISTLEBLOWER COMPLAINT FORM**

Persons who report improper governmental activity involving the Los Angeles Unified School District ("LAUSD") are protected against retaliation, interference, intimidation, threats or similar acts. If you believe that you are the subject of actual or attempted retaliation, interference, intimidation, threats or similar acts for reporting improper governmental as required under the LAUSD Whistleblower Protection Policy, you may file a written complaint. The LAUSD Office of the Inspector General has the authority to investigate violations of the Whistleblower Protection Policy.

A Complaint must be filed within 12 months of the alleged act or threat of retaliation or similar acts.

Fully complete the attached complaint form. **The complaint will not be accepted unless it is dated and signed by the person submitting the complaint who is the subject of the actual or attempted retaliation, interference, intimidation, threats or similar acts.**

If you are an employee of the LAUSD, return the completed complaint form to your immediate supervisor. If you are an applicant for employment, or you are an employee and your supervisor is the subject of the complaint of retaliation or similar acts, return the completed complaint form in person or mail to:

**Los Angeles Unified School District
Office of the Inspector General
333 S. Beaudry Avenue, 12th Floor
Los Angeles, CA 90017**

If you have any questions regarding the complaint process or the LAUSD'S Whistleblower Protection Policy, please call the Office of the Inspector General at Telephone: (213) 241-7700

Describe the law(s) or the LAUSD policy that you allege was violated:

Date of Your
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 (please 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 California that the foregoing is true and correct.

Signature: _____

Name (please print):

At (City/State): _____

Date: _____