

**Complaint Form for Filing a Protected Disclosure of Improper Governmental Activities  
and/or Significant Threats to Health or Safety**

This complaint form may be used to make a disclosure under Executive Order 929. The complaint must be filed either with the Vice Chancellor of Human Resources, Office of the Chancellor, 401 Golden Shore, Long Beach, CA 90802-4210, or with Laurinda Fuller, Director of Internal Audit in LH-802G.

**PLEASE PROVIDE ALL REQUESTED INFORMATION. INCOMPLETE FORMS WILL NOT BE REVIEWED.**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Campus Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Check One:  Employee  
Job Title: \_\_\_\_\_  
  
 Applicant for employment  
Position applied for: \_\_\_\_\_

Describe fully the alleged improper governmental activity or condition that may significantly threaten the health or safety of employees or the public. Specify what actions were taken that constituted an improper governmental activity or a health or safety condition, who took these actions, and the dates of such actions. (Use additional sheets of paper if necessary)

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