



EMPLOYEE RELATIONS  
602.23F – WHISTLEBLOWER RETALIATION REPORT FORM

Please complete this form clearly and return to the Executive Office Manager (Human Resources) in a confidential envelope immediately. For further details, please refer to Policy 602.23 – Whistleblower Protection.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Section and/or Station House: \_\_\_\_\_

Provide a written description of the facts and circumstances under which the disclosure of improper governmental action was made.

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Provide a written description of what action was taken against you as a result of disclosing information concerning improper government (e.g. District) action. Please be specific and include names, dates, times, places, and specific actions taken against you. Should you need additional space or have additional documentation you wish to present, please attach them to this form and return to the Executive Office Manager (Human Resources) immediately in a confidential envelope.

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