**Retaliation or Interference Complaint**

Instructions: This form may be used by University employees and applicants for employment. Complete this form and file it with the Assistant Executive Vice Chancellor within 12 months of the incident.

_____ _____
Name (Last, First, MI) Laboratory or Campus

_____ _____
Home Address City/State/Zip

_____ _____
Home Telephone Work Telephone

I filed an Improper Activities Report on _____

I am a(n) ☐ University employee ☐ Applicant for employment
If an employee, provide the following information:

_____ _____
Payroll Title Department

_____ _____
Supervisor's Name Supervisor's Work Telephone

Briefly summarize the specific act(s) of retaliation for, or interference with, the disclosure of improper governmental activities, and how you were adversely affected. Include the name of the University employee alleged to have taken the action as well as when and where it occurred.

I swear under penalty of perjury that the contents of this complaint are true to the best of my knowledge.

Complainant's signature _____ Date _____

_____
Office Use Only:
Date received:

_____