

WHISTLEBLOWER COMPLAINT REPORT

ADM-105 (REV 05/13)

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INSTRUCTIONS: The California State Auditor (state auditor) accepts complaints about improper governmental activities by state agencies and employees. An *improper governmental activity* is defined as any action by a state agency or any action by a state employee directly related to state government that violates the law, violates an Executive Order of the Governor, violates a Rule of Court, violates the *State Administrative Manual* or *State Contracting Manual*, is economically wasteful, or involves gross misconduct, incompetency or inefficiency.

The state auditor does not have authority to investigate the legislative branch of state government or their employees, federal or local government agencies or their employees, or private entities like businesses and nonprofit organizations or their employees.

The state auditor does not automatically investigate every complaint received. Each complaint is evaluated carefully to determine whether it has enough potential merit to warrant the expenditure of state resources to conduct an investigation.

As a decision about whether to initiate an investigation must be based on what appears in the complaint, the complaint must show there is sufficient evidence available for an investigator to confirm that what is being alleged is true. The complaint therefore must identify specific witnesses, documents, and other sources of information that an investigator may examine to find support for an allegation.

The state auditor accepts complaints that are submitted anonymously. However, if the complainant is unavailable to answer questions or confirm the alleged facts, this may prevent staff from being able to justify or direct an investigation.

When making an allegation, it is important to provide as much of the following information as possible for each allegation being made.

- Who?** Who are the state employees (subjects) responsible for the improper activity? Who is each employee's supervisor? If non-state employees also are involved, who are they? If any businesses are involved, which businesses and who owns them? Who else knows anything about this?
- What?** What is the improper activity? Why is it improper? What laws or policies make the activity improper? What documents are there that will verify the improper activity occurred? Can you provide copies of the documents?
- Where?** Where did the activity occur (the department and location, including address)? Where can an investigator locate the persons who were involved or have information about the activity? Where can an investigator find documents or other evidence related to the activity?
- When?** When did the activity occur? When did you discover the activity?
- Why?** Why did the activity occur? Did it provide some benefit to those involved?
- How?** How was the activity able to occur? Were there no controls in place to prevent the activity? If there were controls in place, how were they circumvented?

Please enclose the completed form in an envelope marked "Confidential" and mail it to:

Investigations
California State Auditor
P.O. Box 1019
Sacramento, CA 95812

By law, the state auditor cannot reveal the name of a complainant without his or her permission, except to appropriate law enforcement personnel who are conducting a criminal investigation.

COMPLAINANT(S) INFORMATION

NAME		POSITION	BEST TIME TO CALL
EMPLOYER/DEPARTMENT		EMPLOYER/DEPARTMENT ADDRESS	WORK PHONE
HOME ADDRESS		HOME/CELL PHONE	
NAME		POSITION	BEST TIME TO CALL
EMPLOYER/DEPARTMENT		EMPLOYER/DEPARTMENT ADDRESS	WORK PHONE
HOME ADDRESS		HOME/CELL PHONE	
NAME		POSITION	BEST TIME TO CALL
EMPLOYER/DEPARTMENT		EMPLOYER/DEPARTMENT ADDRESS	WORK PHONE
HOME ADDRESS		HOME/CELL PHONE	

SUBJECT(S) INFORMATION

NAME		POSITION	
DEPARTMENT	DIVISION	DEPARTMENT ADDRESS	WORK PHONE
HOME ADDRESS		HOME/CELL PHONE	
NAME		POSITION	
DEPARTMENT	DIVISION	DEPARTMENT ADDRESS	WORK PHONE
HOME ADDRESS		HOME/CELL PHONE	
NAME		POSITION	
DEPARTMENT	DIVISION	DEPARTMENT ADDRESS	WORK PHONE
HOME ADDRESS		HOME/CELL PHONE	

WITNESS(ES) Please provide witnesses who can confirm your allegations

NAME	TITLE	WORK PHONE
DEPARTMENT	ALLEGATION NUMBER(S)	HOME/CELL PHONE
NAME	TITLE	WORK PHONE
DEPARTMENT	ALLEGATION NUMBER(S)	HOME/CELL PHONE
NAME	TITLE	WORK PHONE
DEPARTMENT	ALLEGATION NUMBER(S)	HOME/CELL PHONE

WITNESS(ES) CONT.

Briefly describe the information the witness(es) will be able to confirm. Use additional paper if necessary.

COMPLAINT

Briefly describe the improper activity(ies) and how you know about them. *Specify who, what, when, where and how.* Number the allegations. Use additional paper if necessary.

EVIDENCE

Please list all documents or other items of evidence that prove the allegations to be true and explain how each item provides proof. Use additional paper if necessary. If you have any of the listed documents in your possession, please provide copies.

SIGNATURE (Read the following before signing below)

Your complaint will be processed under the California Whistleblower Protection Act (California Government Code Section 8547, et seq.). This law empowers the State Auditor to investigate complaints of improper governmental activities but not to act as an advocate for individuals in their disputes with state departments or employees. By law, we must conduct our investigations confidentially, and therefore cannot keep you informed about our review of your complaint or the progress of any investigation that may follow. However, approximately twice per year we publish a report about our investigations that have substantiated improper activities. These reports are available on our Web site www.auditor.ca.gov, or by calling (916) 445-0255. If you have any general questions regarding the complaint handling process, call (800) 952-5665.

SIGNATURE	DATE
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