



Whistleblower Reprisal Complaint Form

SIGPR employees may use this form to submit a complaint via email to **whistleblower@sigpr.gov**. **Please use this form only to file complaints of Whistleblower Reprisal.** If your complaint does not meet the requirements for whistleblower reprisal, please file your complaint with your supervisor, the Office of Special Counsel, or by e-mailing **whistleblower@sigpr.gov**.

If your complaint alleges reprisal due to race, color, sex, national origin, religion, disability, or genetic information, or you feel you have been retaliated against for filing an earlier complaint with EEO, **then please file your complaint with your EEO office or the Equal Employment Opportunity Commission, not SIGPR.**

PART I - Your Information

*CHOOSE ONE OF THE FOLLOWING THREE OPTIONS

Please keep in mind that your decision to elect anonymity or confidentiality may limit SIGPR's ability to conduct a complete investigation or take further action if warranted.

I wish to remain anonymous (If you select this option, do not identify yourself below)

Keep my identity confidential (Provide contact information below in the event we need additional information)

I waive confidentiality (My name may be released to another entity or OIG if determined not to be within SIGPR jurisdiction or during the course of an investigation, audit or other official action.)

PLEASE COMPLETE AS MUCH CONTACT INFORMATION AS YOU ARE COMFORTABLE PROVIDING:

Name (First and Last)

Mailing Address 1

Mailing Address 2

City

State

Zip Code

Telephone (include area code)

E-mail Address

I am willing to be interviewed: YES NO

PART II - Details of Your Disclosure and Retaliation (*=Required Field)

* Please describe the violation that you disclosed:

* Provide the name and role of the person to whom you made the disclosure, and the date of the disclosure:

* How did you become aware of the violation?

* What adverse action occurred against you and when did it occur?

*Who took the adverse action identified?

*What is the relationship of that person to you?

*What did the person who took the action know about your disclosure?

**Have you grieved, appealed, or reported this retaliation through any other process (e.g., EEO, state lawsuit, etc.)? If so, please identify the other action:

Please e-mail your filled, saved form to whistleblower@sigpr.gov