

**EO 1115 Complaint Form for Protected Disclosures  
of Improper Governmental Activities**

**INSTRUCTIONS:** The California State University (CSU) accepts Complaints about Improper Governmental Activities from Employees and Third Parties. An “Improper Governmental Activity” is defined as “an activity by the CSU, a CSU department or an Employee that is undertaken in the performance of the Employee’s duties, undertaken inside a CSU office, or if undertaken outside a CSU office by the Employee, directly relates to the CSU, whether or not that activity is within the scope of employment, and that (1) is in violation of any state or federal law or regulation, including, but not limited to, corruption, malfeasance, bribery, theft of government property, fraudulent claims, fraud, coercion, conversion, malicious prosecution, misuse of government property, or wi, f, iopyfedes.8 (ov)1SU3.3 (e)3.(f)-3.9

**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? If so, how did they benefit? 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?

The CSU allows Complaints to be submitted either at a CSU campus or at the Chancellor's Office. If filing the Complaint at a campus, contact the campus to determine the identity of the Appropriate Administrator designated to receive these Complaints. If filing the Complaint at the Chancellor's Office, please enclose the completed form in an envelope marked "Confidential" and mail it to:

Vice Chancellor CID 6 m.6p.2.6 (Td (.761 0 Td 1 0 Td 1 0 Td 1 1 (t)-2.6so02 Td

**Check one:**  
... **Employee**

Witness #2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly describe the information this witness will be able to corroborate. Attach additional paper if necessary.

Witness #3 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly describe the information this witness will be able to corroborate. Attach additional paper if necessary.

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**Evidence**

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

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**Statement of Good Faith**

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You are proceeding with this Complaint in good faith. An Employee who knowingly and intentionally submits a false Complaint shall be subject to discipline, up to and including termination. CSU students who knowingly and intentionally submits a false Complaint can be subject to discipline under the Student Conduct Code. Such disciplinary action shall not be deemed to be retaliation under EO 1116.

I have read and understood the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For University Use Only:** Date Complaint Received \_\_\_\_\_

Signature \_\_\_\_\_