

# Whistleblower Complaint Form

\_\_\_\_\_  
Name and / or position of the person reporting the complaint:

\_\_\_\_\_  
Date Violation occurred

\_\_\_\_\_  
**Type of Location Violation believed to have occurred**

\_\_\_\_\_  
**Location Violation believed to have occurred**

**Description of Violation believed to have occurred**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## For recipient use only:

\_\_\_\_\_  
**Recipient** County Administrator / County Attorney

\_\_\_\_\_  
Date Complaint received

\_\_\_\_\_  
**Form of Receipt** Verbal / Written

\_\_\_\_\_  
Date County Commissioners notified

\_\_\_\_\_  
Individual Designated to Investigate Complaint

\_\_\_\_\_  
Date Investigation Assigned