

RETALIATION AGAINST A WHISTLEBLOWER COMPLAINT FORM

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

EMAIL ADDRESS: _____

PERSONS YOU BELIEVE HAVE RETALIATED AGAINST YOU: _____

GIVE SPECIFIC DETAILS OF WHY YOU BELIEVE YOU HAVE BEEN RETALIATED

AGAINST: (attach additional pages if necessary) _____

DATES OF RETALIATION: _____

NAMES AND CONTACT INFORMATION OF ANY WITNESSES: _____

DATE: _____ SIGNATURE: _____

Submit this form to Mary Ann Stalcup, Human Resources Director at mstalcup@peoriagov.org