# WHISTLEBLOWER PROTECTION COMPLAINT FORM

This form is for reporting non-emergency incidents only. This Complaint form should be used only to report suspected violations of Southwestern Community College District's Board Policy and Administrative Procedure 7700 – Whistleblower Prohibition.

**If this is an EMERGENCY situation, call 9-1-1 or contact College Police at (619) 216-6691.**

Individuals are encouraged to report suspected incidents of unethical, unprofessional, and/or unlawful activities by College District employees in the performance of their duties. Employees who, in good faith, report such activities or assist in investigations will be protected from retaliation.

**Definition of Roles:**

- **Reporting party:** This can be the person who experienced the behavior.
- **Respondent**: The individual who engaged in the alleged behavior.
  **Bystander/Observer:** An individual who has firsthand knowledge or observed the alleged behavior or intervened.
- **Witness:** An individual who witnessed behavior or events.

## Reporting Party

Anonymous reports will be investigated to the extent possible. Employees are strongly encouraged not to report anonymously because it impedes the College District's ability to thoroughly investigate the claim and take appropriate remedial measures.

- **Your full name (optional):** _____
- **Your phone number (optional):** _____
- Your SWCCD email (optional): _____
- Your SWCCD ID (optional): _____
- Relationship to College District (e.g., academic personnel, staff, administrator, student, vendor, other third party): _____
- Do you wish to remain anonymous? (Please note the limitations of anonymous reporting as described above)
  - ☐ Yes
  - ☐ No
- If you wish to remain confidential (your identity known only to investigators), please indicate:
  - ☐ Yes
  - ☐ No

## Involved Parties

If you do not know the name of the respondent, please state "unknown respondent" in the name field.

- Name of Respondent: _____
  - If "unknown", provide physical description of Respondent:

- Respondent's relationship to SWCCD (e.g., academic personnel, staff, administrator):

  _____

- Respondent's email/phone number, if known: _____

## Type of Activity Alleged

**PLEASE CHECK ALL THAT APPLY:**

☐ **Suspected Unlawful Activities**

- ☐ Accounting/Audit Irregularities
- ☐ Conflicts of Interest
- ☐ Falsification of Company Records
- ☐ Fraud
- ☐ Fraudulent Insurance Claims
- ☐ Release of Proprietary Information
- ☐ Retaliation of Whistleblowers
- ☐ Safety Issues and Sanitation
- ☐ Substance Abuse
- ☐ Theft of Cash
- ☐ Theft of Goods/Services
- ☐ Theft of Time
- ☐ Other Unlawful Activity (please describe below)

☐ **Suspected Unethical Activities**

- ☐ Inappropriate or Unethical Conduct involving Co-worker
- ☐ Inappropriate or Unethical Conduct involving a student
- ☐ Inappropriate or Unethical Conduct involving Faculty or Instructor

☐ **Suspected Unprofessional Activities**

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## Incident Overview - Suspected Unlawful/Unethical Activity

Please describe the alleged unlawful, unethical, and/or unprofessional activity in detail. Include specific facts, dates, times, locations, and any individuals involved. If the report was made orally, the receiving supervisor/administrator will reduce it to writing and attempt to get your signature to confirm its accuracy and completeness.

**(1) date(s) and time(s) of when alleged incident(s) occurred;**

(2) location(s) where alleged incident(s) occurred;

(3) describe the specific incidents you are reporting (use additional pages if needed):

## Individuals Involved/Implicated

Please list the names and roles of all individuals believed to be involved in or implicated by the alleged activity. If known, include their department/operating unit.

- **Name:** _____ **Role/Department:** _____
- **Name:** _____ **Role/Department:** _____
- **Name:** _____ **Role/Department:** _____
- **Name:** _____ **Role/Department:** _____
- **Name:** _____ **Role/Department:** _____

## Witnesses

Please list the names and contact information of any individuals who may have witnessed the alleged activity or have relevant information.

- **Name:** _____ **Contact Info:** _____
- **Name:** _____ **Contact Info:** _____
- **Name:** _____ **Contact Info:** _____
- **Name:** _____ **Contact Info:** _____
- **Name:** _____ **Contact Info:** _____

## Resolution Sought

What action or resolution are you requesting? (Required)

Not Sure/Other:

## Other Remedies and Appropriate Agencies

In addition to the internal complaint process, employees may contact external agencies:

- For information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibility:
  - California Community Colleges Chancellor's Office
  - District's Board of Trustees
- For complaints of retaliation resulting from whistleblower activities:
  - State Personnel Board
- Any employee who has information concerning allegedly unlawful conduct may contact the appropriate government agency.

## Documentation

Photos, video, email, screenshots and/or other supporting documents may be attached to this form.

## Submission

Normally, allegations should be made to your immediate supervisor or another appropriate administrator or supervisor within the operating unit. However, if that individual is implicated, alternative channels are available.

Based on the individuals involved/implicated in your report, please submit this form to the appropriate party as outlined below:

- If the report involves or implicates your direct supervisor or others in your operating unit → Submit to the Assistant Superintendent/Vice President, Human Resources.
- If the alleged unlawful activity involves the Superintendent/President → Submit to the President of the Governing Board.

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- If the alleged unlawful activity involves the Governing Board or one of its members → Submit to the Superintendent/President (who will confer with the President of the Governing Board and/or legal counsel).
- In all other cases → Submit to your immediate supervisor or other appropriate administrator or supervisor within the operating unit. The receiving supervisor/administrator must immediately forward the report to the Assistant Superintendent/Vice President, Human Resources.

## Reporter's Confirmation

I confirm that the information provided in this report is accurate and complete to the best of my knowledge and belief. I understand the College District's no-retaliation policy and the importance of good-faith reporting.

**Reporter's Signature:** _____ **Date:** _____