



OFFICE OF THE INSPECTOR GENERAL WHISTLEBLOWER COMPLAINT FORM

The Mission of the Office of Inspector General is to promote integrity, accountability, and efficiency in City government. Investigating complaints of Whistleblower retaliation to protect employees who identify fraud, waste, and abuse is one of the ways the Office of the Inspector General achieves its mission. The Office of Inspector General will consider all Whistleblower complaints involving:

- Any City employee;
- Any municipal officer, including all
 - heads of City departments,
 - agencies,
 - bureaus
 - and all persons exercising comparable authority; and
- Any member of a City board or commission.

Section I - Whistleblower Complainant Information

To investigate a Whistleblower complaint, the Whistleblower must file the complaint. Due to the nature of the Whistleblower investigation, your identity is unable to be anonymous. However, if you are subject to additional retaliation or a prohibited personnel action for filing this complaint, contact the Office of the Inspector General immediately.

Whistleblower complaints **must be made** within **30** calendar days from when the alleged retaliation or prohibited personnel action occurred, or when you should have reasonably known they occurred.

Please give us your contact information:

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best contact number to reach you: _____

Best contact email address (example: john.doe@baltimorecity.gov): _____

Please provide all available information about the supervisor who you believe retaliated against you for making the covered disclosure. Retaliation cannot be done against you by a subordinate.

First Name: _____ Middle: _____ Last: _____

Title: _____ Job Duties: _____

City Agency/ Department: _____

Work Address: _____



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Work Phone: _____ Extension: _____

City Email: _____

Section II - Whistleblower Covered Disclosure

For a complainant to be a Whistleblower, you have had to make a **covered disclosure**. A covered disclosure is a disclosure made to either your supervisor, your chain of command, the Office of Inspector General or a Human Resource officer, that you reasonably believe is evidence of:

- fraud;
- gross misuse or waste of public resources;
- abuse of authority;
- a violation of law; or
- a substantial threat to health, safety, or security.

Please provide all available information about the covered disclosure(s) you made, including the date and to whom you made the disclosure. Please additionally gather evidence such as emails, text messages, and documents, showing your communication and sending of the disclosure. You may attach additional documents if needed.

If your covered disclosure involves you asserting your rights to be free from discrimination under the protected categories of the Equal Employment Opportunity Commission (race, color, religion, sex (including pregnancy and related conditions, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information), DO NOT FILL OUT THIS FORM. Please get in touch with the OIG for further instructions.

1. What did you disclose or what information did you provide to your supervisor (i.e., details about the previously-reported fraud, gross misuse or waste of public resources, violation of law, or substantial and specific threat to health, safety, or security)?

2. To whom did you make this disclosure to? (Please provide name and title)

3. When did the covered disclosure occur? (including specific dates, if known)



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4. How did you make your covered disclosure occurred (for example via email, in person, over the phone, etc.)

5. What, if anything, did your supervisor do about the information you disclosed? Was there an investigation?

6. Were there any other witnesses who were aware of your disclosure or any other witnesses who were present when the covered disclosure occurred or were aware that it had occurred?

[Section III - Prohibited Personnel Action \(Retaliation\)](#)

Last, for a valid Whistleblower complaint, there must be a **prohibited personnel action** taken against you because of the **covered disclosure**. A personnel action means:

- An act or omission by a supervisor that has a significant adverse impact on an employee, including dismissal, demotion, suspension, punitive transfer or assignment, disciplinary action, negative performance evaluation, failure to appoint, failure to promote, failure to transfer, or failure to assign.

Please provide all available information about what you think the prohibited personnel action was. Please additionally gather evidence such as emails, text messages, and documents, showing why the personnel action was taken and when. You may attach additional documents if needed.

Please list the type (s) of the allegedly retaliatory personnel action(s) imposed upon you. (for example, dismissal, demotion, suspension, transfer, negative performance evaluation, failure to promote, etc.)

When did the personnel action occur? (Provide date, time, and location)



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How was the personnel action was imposed (Via email, counseling, one-on-one, meeting, letter, etc.)?

Were there other individuals who approved of or were involved in the decision to impose the personnel action? If so, please provide name, title, and explain how they were involved.

Were there any other witnesses that have knowledge of the personnel action? If so, please provide their name and title and how they had knowledge.

Please explain how the personnel action has had a significant adverse impact on you.

Please provide all available information about why you think the prohibited personnel action was done **because of** the covered disclosure. Please attach and label the relevant evidence.



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[Section IV - Potential Referral](#)

The information you provided us is important and, in some cases, should be referred to another agency for action. When we refer a complaint, we monitor that agency's action and follow up on the complaint. If appropriate, may we refer your complaint to the appropriate agency?

YES NO

If we refer a complaint to another agency, may we include your contact information?

YES NO

Email – oig@baltimorecity.gov Fax – 410-837-1033

Mail – OIG, City Hall North - Room 635, 100 N. Holliday Street, Baltimore, MD 21202

FIGHTING WASTE, FRAUD, and ABUSE for BALTIMORE CITY