

DO NOT WRITE IN THIS SPACE

FOR USE BY OSEEOC

\_\_\_\_\_ vs.

\_\_\_\_\_  
COMPLAINANT

RESPONDENT CASE NO.

\_\_\_\_\_  
DATE FILED

**WHISTLEBLOWER COMPLAINT FORM**

**The Maryland Whistleblower Law is applicable to employees in the Executive branch of State government and State employees who are applicants for positions in the Executive branch of State government, including a unit with an independent personnel system. (State Personnel and Pensions Article, (SPP), § 5-301)**

**Please print the following information:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_ Unit/Dept.: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Agency Telephone: \_\_\_\_\_

**Provide a statement of facts that details the information disclosed that you reasonable believe is evidence of unlawful or illegal action: (Please use extra pages if necessary)** \_\_\_\_\_

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

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**When and to whom was this disclosure made:** \_\_\_\_\_

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**What is the nature of the alleged violation: (Please select- abuse of authority, gross mismanagement or gross waste of money, a substantial and specific danger to public health or safety, or a violation of law)** \_\_\_\_\_

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**Person (s) against whom the complaint is made:** \_\_\_\_\_

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**What personnel action occurred as a result of your disclosure:** \_\_\_\_\_

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**Who implemented the unlawful personnel action:** \_\_\_\_\_

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**Date/dates of unlawful personnel action (s)** \_\_\_\_\_

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**Whistleblower complaints shall be:**

- **Filed with the Secretary (DBM) or its designee, the Statewide EEO Coordinator within 6 months after first knowing or reasonably knowing of a violation.**
- **The complaint is investigated and a decision is made within 60 days.**
- **Confidentiality – Information obtained as part of an investigation conducted under this subtitle is confidential within the meaning of Title 4, of the General Provisions Article.**

**\*Please notify the Statewide EEO Coordinator's Office of any changes of address and telephone number during the period of the investigation.**

**AFFIRMATION**

**I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**