



STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
PO BOX 2076
CONCORD, NH 03302-2076

WHISTLEBLOWER'S COMPLAINT FORM

Filed pursuant to RSA 275-E:4 I

COMPLAINANT INFORMATION

Name S.S. No.
Mailing Address Tel.
(Street) (City) (State) (Zip)

EMPLOYER INFORMATION

Name of Company/Employer
Mailing Address
(Street) (City) (State) (Zip)

Employer Representative Tel.

Were you discharged: Yes No If Yes, on what date?

If you were not discharged, what date was the alleged discrimination or threat against you made?

Is there a grievance procedure available at your place of employment? Yes No

Did you follow the employer's grievance procedure before filing this complaint? Yes No

Basis of whistleblowers complaint (BE SPECIFIC)

ATTACH ALL SUPPORTING DOCUMENTS

What relief are you seeking by this action?

COMPLETE APPROPRIATE SECTION

I. REPORTING [RSA 275-E:2 I(a)]

What violation did you report?

What date did you report the alleged violation to the employer?

Who violated the law or rule? When? How?

Whom did you report this to?

(Name and Title)

If you did not report this alleged violation to your employer, please explain why.

How long did you give the employer to correct the alleged violation?

II. PARTICIPATION [RSA 275-E:2 I(b)]

Did you participate in an investigation, hearing, inquiry, or court action? Yes No

If Yes, which one? On what date? At what agency or court?

III. REFUSAL TO EXECUTE ILLEGAL DIRECTIVE [RSA 275-E:3]

What was the alleged illegal order you were asked to carry out?

By whom? On what date?

CERTIFICATION

I hereby certify that this is a true statement of the facts as is involved in this matter.

Signature Date