

University of California, Irvine
Report of Improper Governmental Activity Form

This form is to be completed by any person who wishes to file a report alleging improper governmental activity at University of California, Irvine.

Improper governmental activity, as defined in the Whistleblower Policy, is any activity by a University department or by an employee which is (1) in violation of any state or federal law or regulation, including, but not limited to, corruption, malfeasance, bribery, theft of University property, fraudulent claims, fraud, coercion, conversion, malicious prosecution, misuse of University property and facilities, or willful omission to perform duty, or (2) economically wasteful, or involves gross misconduct, incompetence, or inefficiency.

The identity of the person filing this report shall not be disclosed without his or her written permission unless the disclosure is (1) to University personnel with a legitimate need to know in order to carry out an investigation; (2) to a law enforcement agency which is conducting a criminal investigation; or (3) pursuant to a subpoena or other circumstances where the University is required by law to release information. The testimony of a person filing a Report of Improper Governmental Activity may be needed in order to prove a case against the person accused of wrongdoing. For more information, see the UC Whistleblower Policy, and UCI Administrative Policies & Procedures, Section 700-06.

How do You Wish to be Identified?

_____ Anonymous Source

_____ Confidential Source

_____ No Restriction

Name: _____ Title: _____

Department: _____ Location: _____

Email Address: _____

Mailing Address: _____

Telephone Number: Work _____ Home _____

Have you reported this matter to your supervisor, Human Resources, Audit, etc.? If so, who was contacted and what were the results? Please provide as much information as possible. Please attach additional pages as needed.

Subject Party (person or persons alleged to have performed an improper governmental activity)

Name:	Department:	Job Title:
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Name:	Department:	Job Title:
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Name:	Department:	Job Title:
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Please provide a description of the incident(s) with as much detail as possible. Please include the nature of the improper governmental activity; names of university employee(s) and department(s) and approximate or actual date the activity took place. Please attach additional pages as needed.

How did you hear about the Whistleblower office?

Signature: _____ Date: _____

Please mail, fax, or email the completed form and any related attachments to:

UCI Office of the Whistleblower
141 Innovation, Suite 200
Irvine, CA 92697-1435
Fax: (949) 824-0191
Whistleblower@uci.edu