**STATE WHISTLEBLOWER PROGRAM:** Whistleblower complaints may be completed using the State Auditor’s Office (SAO) [online form](https://portal.sao.wa.gov/saoportal/public/Whistleblower). If the form is downloaded to print form and submitted to WSU Internal Audit the claim will be forwarded to the SAO Whistleblower Division within 15 working days. Alternatively, reports of suspected misconduct may be submitted on this form and sent to WSU Internal Audit. Reports on this form are not automatically submitted to the SAO; WSU Internal Audit reviews and determines if the SAO should be advised. WSU Internal Audit investigates the claim if warranted. All claim investigation working papers and final reports are subject to Public Records Requests. For questions or additional information, contact SAO ([www.sao.wa.gov](http://www.sao.wa.gov)) or WSU Internal Audit at (509) 335-5336, [ia.central@wsu.edu](mailto:ia.central@wsu.edu)).

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| I wish to file a claim of suspected employee misconduct and in doing so, be afforded state protections from retaliation due to filing a claim, under the Whistleblower Act provisions. | ***If yes, STOP and file WB claim*** [**ONLINE**](https://portal.sao.wa.gov/saoportal/public/Whistleblower)***. Otherwise, proceed with this form.*** |

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| I understand by submitting my concern on this form, the claim is not automatically forwarded to SAO in accordance with the Whistleblower Act. | ***Please***  ***Initial:*** |

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| Please provide your name and contact information. This information is not required to file a claim (they can be filed anonymously), however, it is helpful if clarification is needed and to provide investigation progress and results. | **Name** |  |
| **Agency** |  |
| **Date** |  |
| **Phone/email** |  |
| Provide name of the employee(s) you believe have engaged in misconduct as defined in <https://internalaudit.wsu.edu/claim-of-employee-misconduct/>; Include information for all individuals. | **Subject** |  |
| **Position/Title** |  |
| **Employing Department** |  |
| Provide a detailed description and type (fraud, abuse, ethics/policy violation, etc.) of why you believe the employee(s) may have engaged in misconduct. Be specific as possible on dates, times, location and actions. Attach additional sheets as necessary. |  | |
| Attach and reference any documents or evidence to support your allegations of misconduct. Also, provide names and contact information of witnesses or persons who can corroborate your allegations. |  | |
| Have you submitted a claim to any other agency or WSU department including State Auditor’s Office, Executive Ethics Board, or WSU department? Provide agency/department name and date. |  | |