

STATE OF IOWA
BEFORE THE PUBLIC EMPLOYMENT RELATIONS BOARD

STATE EMPLOYEE WHISTLEBLOWER COMPLAINT FORM

INSTRUCTIONS: This form and any supporting documents must be filed using PERB's electronic document management system. Service of this appeal is governed by PERB rules 621—2.15 and 621—16.10.

PART I. IDENTIFICATION OF PARTIES

A. EMPLOYEE

NAME (Last, First, Middle): _____

PRESENT ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

B. EMPLOYEE'S AGENCY/APPOINTING AUTHORITY (include department, division, etc.)

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

PART II. NATURE OF COMPLAINT

A brief statement of the reasons for the whistleblower complaint:

Check this box if the issue involves disciplinary suspension, demotion, discharge, or reduction of pay within grade of a merit system covered employee with permanent status.

PART III. REMEDY SOUGHT

What action are you asking the Public Employment Relations Board to take?

PART IV. HEARING

Do you request a:

Public Hearing

Private Hearing

PART V. YOUR REPRESENTATIVE

You may designate someone to represent you in this appeal. You may change your designation of representative at a later date if you wish to do so. You should promptly notify the Board of change in representation.

My representative's name, address, Email and telephone number is:

NAME: _____

ADDRESS: _____

E-MAIL: _____ TELEPHONE #: _____

PART VI. DATE AND SIGNATURE

THIS FORM MUST BE SIGNED AND DATED.

Signature of Representative

Date