



**WHISTLEBLOWER COMPLAINT FORM**  
City of Rocklin, 3970 Road, Rocklin, CA 95677

**Instructions:** Complete the “Whistleblower Complaint Form”

Employees and members of the community are encouraged to provide as much specific information as possible, including names, dates, places, the events that took place, and the reason(s) why the incident(s) may constitute a violation or misconduct.

(Optional) Name: \_\_\_\_\_

(Optional) Address: \_\_\_\_\_

(Optional) Work Phone: \_\_\_\_\_ (Optional) Home/Cell Phone: \_\_\_\_\_

Are you a City of Rocklin employee?  Yes  No

(Optional) If yes, what is your position or relationship to the City?

\_\_\_\_\_

1. Identify the person or persons against whom your allegations are being made.

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

2. Describe the nature of your complaint, the incident(s) or event(s), date(s), time(s), and place(s). Attach additional pages to this complaint if necessary. Attach additional pages if necessary.

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3. Identify others who may have observed or witnessed the above incident(s) or event(s).

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4. Do you have any documents that support your allegation? (If yes, please list and attach copies).

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Please e-mail the completed form to [whistleblower@rocklin.ca.us](mailto:whistleblower@rocklin.ca.us); or mail it to:

City of Rocklin  
Attention: Whistleblower Program  
3970 Rocklin Road  
Rocklin, CA 95677