



State of New Hampshire

Department of Labor

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WHISTLEBLOWER'S COMPLAINT FORM

Filed pursuant to RSA 275-E:4 I

COMPLAINANT INFORMATION

Name: _____ SSN (optional): _____

Mailing Address: _____
(Street) (City)

(State) (Zip) Telephone #: _____

EMPLOYER INFORMATION

Name of Employer /Company: _____

Mailing Address: _____
(Street) (City)

(State) (Zip)

Employer Representative: _____ Telephone #: _____

Basis of whistleblower's complaint (BE SPECIFIC): _____

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

What date was the alleged discrimination, threat or retaliation 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

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 (*including violations concerning the gross mismanagement or waste of public funds, property, or manpower, or evidences an abuse of authority or a danger to the public health and safety*)?

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

Who violated the law or rule? _____

When? _____ How? _____

To whom did you report this? (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. OBJECTION OR REFUSAL TO PARTICIPATE IN AN ILLEGAL ACTIVITY [RSA 275- E:2 I(b)]

What was the alleged illegal activity in which you were asked to participate? _____

By whom? _____ On what date? _____

III. PARTICIPATION [RSA 275-E:2 I(c)]

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? _____

IV. 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? _____

V. PROTECTION OF PUBLIC EMPLOYEES [RSA 275- E:9]

What date did you report the alleged violation of fraud, waste or abuse in the expenditure of public funds or relating to programs and operations involving the procurement of any supplies, services, or construction by governmental entities within the state, to the NHDOL? _____ NHDOL Case #: _____ (*required*)

CERTIFICATION

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

Signature: _____ Date: _____