

STATE OF IOWA  
BEFORE THE EMPLOYMENT APPEAL BOARD

**STATE EMPLOYEE WHISTLEBLOWER COMPLAINT FORM**

INSTRUCTIONS: This form and any supporting documents must be filed using EAB's electronic document management system. Service of this appeal is governed by EAB 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 Employment Appeal 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