



LACCD OFFICE OF THE  
**BOND PROGRAM MONITOR**

INTEGRITY • TRUST • COMMUNICATION

**Whistleblower Form**

Date of Occurrence: \_\_\_\_\_ Location of Occurrence: \_\_\_\_\_

Person(s) Involved:

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Describe in detail the activity (who, what, where, when, and how):

[Large empty text box for describing the activity]

Is there any evidence to support this allegation?  Yes  No  Unknown

Has this been previously reported?  Yes  No

When: \_\_\_\_\_ To Whom: \_\_\_\_\_

Describe any physical evidence or supporting documentation:

[Large empty text box for describing physical evidence or documentation]

Describe how you became aware of the activity?

[Large empty text box for describing how the activity was discovered]

Are there other witnesses to the activity?  Yes  No

**Contact Information**

*Providing your contact information will give the OIG the ability to follow-up on your report, if necessary. Your information is CONFIDENTIAL and will not be shared with other offices.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_