



REPORT GOVERNMENT WRONGDOING (DISCLOSURE)

Do not use this form to submit classified information.

For instructions or questions, call the Disclosure Unit at (202) 804-7000.

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PART 1: IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under [5 U.S.C. § 1213](#) and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? PPPs are employment-related activities that are banned in the federal workforce. PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs. *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.*



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PART 2: BIOGRAPHICAL INFORMATION

* Denotes Required Fields

1. Complainant Information:

Title _____

First Name* _____ Middle Initial _____

Last Name* _____

2. Contact Information:

Address Location* Domestic International

Address Line 1* _____

Address Line 2 _____

City* _____ State* _____

Zip Code* _____

*At least **ONE** phone number **OR** email address is required.

Cell Phone Number _____

Office Phone Number _____ Ext. _____

Home Phone Number _____

Email Address _____

Preferred means of contact:

- email home phone cell phone office phone
- Please do not contact me on my office phone

3. Do you have representation?* Yes No

Title _____

First Name* _____ Middle Initial _____

Last Name* _____

Address Location* Domestic International

Address Line 1* _____

Address Line 2 _____

City* _____ State* _____

Zip Code* _____

*At least **ONE** phone number **OR** email address is required.

Cell Phone Number _____

Office Phone Number _____ Ext. _____



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Home Phone Number _____

Email Address _____

Preferred means of contact:

email home phone cell phone office phone

4. Complainant's employment status:*

- Current Federal Employee
- Former Federal Employee
- Applicant For Federal Employment
- Non-Federal Employee (*please specify below*)

5. If current or former federal employee, please list most recent position title, series, grade:

Title (for instance, Investigator) _____

Series (for instance, GS-1810) _____

Grade (for instance, GS-9) _____

6. Please provide your dates of employment in this position. _____

7. Department name:* _____

8. Agency name:* _____

9. Agency subcomponent: _____

10. Street Address: _____

11. City:* _____

12. State:* _____ Check here if agency address is international*

13. Zip Code: _____

14. Are you covered by a collective bargaining agreement? (*Check one.*)

Yes No I don't know

15. Which of the following apply to your employment status? (*Check all applicable items.*)

a. Competitive Service

- Temporary appointment
- Career or career-conditional appointment
- Term appointment
- Probationary employee



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b. Excepted Service

Schedule A

Schedule B

Schedule C

National Guard/Reserve Tech

Postal Service

Tennessee Valley Authority

Non-appropriated fund

Other (*specify*): _____

c. Senior Executive Service (SES) or Executive Level

Career SES

Executive Level V or above

Non-career SES

Presidential appointee (Senate-confirmed)

d. Other

Civil service annuitant

Military officer or enlisted person

Former civil service employee

Contract employee

Unknown

Other (*specify*): _____

PART 3: SELECT YOUR DISCLOSURES

Please identify the type of wrongdoing that you are alleging (check ALL that apply - you MUST check one option). If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation).

Violation of law, rule, or regulation (*please specify*): _____

Gross Mismanagement

Gross waste of funds

Abuse of authority

Substantial and specific danger to public health

Substantial and specific danger to public safety

Censorship related to scientific research

For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.



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Violation of law, rule, or regulation

a. Who took the action?

First Name	Last Name	Title

b. What action did they take?

c. When did this action occur? _____

d. How did you discover this action?

e. What additional facts support your allegation of a violation of law, rule, or regulation?



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Gross mismanagement

a. Who took the action?

First Name	Last Name	Title

b. What action did they take?

c. When did this action occur? _____

d. How did you discover this action?

e. What additional facts support your allegation of gross mismanagement?



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Gross waste of funds

a. Who took the action?

First Name	Last Name	Title

b. What action did they take?

c. When did this action occur? _____

d. How did you discover this action?

e. What additional facts support your allegation of gross waste of funds?



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Abuse of authority

a. Who took the action?

First Name	Last Name	Title

b. What action did they take?

c. When did this action occur? _____

d. How did you discover this action?

e. What additional facts support your allegation of abuse of authority?



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Substantial and specific danger to public health

a. Who took the action?

First Name	Last Name	Title

b. What action did they take?

c. When did this action occur? _____

d. How did you discover this action?

e. What additional facts support your allegation of substantial and specific danger to public health?



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Substantial and specific danger to public safety

a. Who took the action?

First Name	Last Name	Title

b. What action did they take?

c. When did this action occur? _____

d. How did you discover this action?

e. What additional facts support your allegation of substantial and specific danger to public safety?



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Censorship related to scientific research

a. Who took the action?

First Name	Last Name	Title

b. What action did they take?

c. When did this action occur? _____

d. How did you discover this action?

e. What additional facts support your allegation of censorship related to scientific research?



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What action would you like OSC to take?

PART 4: WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to *(complete all that apply)*:

- None or not applicable
- Inspector General of department / agency involved Date: _____
 - a. Who did you contact?
 - First Name: _____ Last Name: _____
 - Title: _____
 - Address: _____
 - Email Address: _____
 - Telephone Number: _____
 - Case ID #: _____

b. What is the status of the matter?

- Other office of department / agency involved *(please specify)*: _____ Date: _____
- Department of Justice Date: _____
- Other Executive Branch / department / agency *(please specify)*: _____ Date: _____
- General Accounting Office (GAO) Date: _____
- Congress or congressional committee *(please specify member or committee)*: _____ Date: _____
- Press / media (newspaper, television, other) *(please specify)*: _____ Date: _____
- Other *(please specify)*: _____



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NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL
It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

I would like to attach documents to my disclosure.

Please include documents and/or evidence that support your allegations when you mail or email this form. Note that you will have an opportunity to make additional submissions at a later date.

CONSENT

* Denotes Required Fields

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)



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CERTIFICATION

* Denotes Required Fields

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505. **OTHER INFORMATION:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Print and mail your complaint, please address it to:
U.S. Office of Special Counsel
1730 M Street, NW
Suite 218
Washington, DC 20036

PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING. REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT YOU PROVIDED TO OSC.