



**EASTERN BAND OF CHEROKEE INDIANS
OFFICE OF INTERNAL AUDIT AND ETHICS
WHISTLEBLOWER COMPLAINT FORM
Cherokee Code Chapter 96 Article 1**

The Audit and Ethics Committee and the Office of Internal Audit and Ethics have the authority to investigate complaints filed by employees covered by Cherokee Code Chapter 96, Article 1 regarding retaliatory employment discrimination. The complaint must be filed within one hundred and eighty (180) calendar days of the alleged discrimination.

CONTACT INFORMATION

Printed Name: _____

Mailing Address: _____ Phone No.: _____

_____ Position: _____

_____ Program _____

Did you disclose information regarding wrongdoing? _____ To Whom? _____

What type of wrongdoing did you allege? (Check all that apply)

- Violation of law, rule or regulation Gross waste of funds Gross mismanagement Abuse of authority
 Substantial and specific danger to public health Substantial and specific and danger to public safety
 Action because of compliance with a properly issued and served subpoena issued by the Tribal Council

Specifically, what information did you disclose?

What personnel action occurred, failed to occur, or was threatened because of the disclosure?

When did the personnel action or threat occur? (Month, day, year) _____

Who was responsible for taking, withholding or threatening the personnel action(s)?

Name: _____

Position: _____

Program: _____

Did the individual responsible for the personnel action(s) know about your disclosure? _____

If yes, how do you know the individual responsible for the personnel action(s) was aware or your disclosure before action against you was taken.

If you had not made the disclosure, do you believe the personnel action would have been taken, withheld or threatened anyway? (Explain)

What evidence do you have that the individual took the adverse personnel action against you in reprisal because you made the disclosure?

Has this matter been appealed or reported under another procedure? _____

If yes, please specify including the date reported and the status.

By my signature below I attest that the information contained in this complaint and any supporting documentation or materials referenced or submitted is true and correct to the best of my knowledge, information and belief.

Signature: _____

Date: _____

Office Use Only:

Date/Time Stamp

Complaint Number

Submit form to the Office of Internal Audit and Ethics
738 Acquoni Road • P. 828-359-7030 • E. oia@ebci-nsn.gov
Form may be submitted by email, hand delivery or interoffice mail.
Attach additional pages if needed.