

# WHISTLEBLOWER COMPLAINT FORM

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City of American Canyon, 4381 Broadway Street, Suite 201, American Canyon, CA 94503

**Instructions:** Complete this form and return it to either a supervisor, department head, the Finance Director, or the City Manager. This is a confidential format to report any wrongdoing; however, if your report results in criminal prosecution, you may be called upon to testify and confidentiality may not be maintained.

(Optional) Name: \_\_\_\_\_

(Optional) Address: \_\_\_\_\_

Are you a City of American Canyon employee?  Yes  No

If yes, what is your position or relationship to the City? \_\_\_\_\_

(Optional) Work Phone: \_\_\_\_\_ (Optional) Home/Cell Phone: \_\_\_\_\_

1. Identify the person or persons against whom your allegations are made.

\_\_\_\_\_  
\_\_\_\_\_

2. Describe the nature of your complaint, the incident(s) or event(s), date(s), time(s), and place(s). Attach additional pages to this complaint if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Identify others who may have observed or witnessed the incident(s) that you described.

\_\_\_\_\_  
\_\_\_\_\_

1. Do you have any documents that support your allegation? (Please list and attach copies).

\_\_\_\_\_  
\_\_\_\_\_

Submit the completed form to one of the following: [Whistleblower@cityofamericancanyon.org](mailto:Whistleblower@cityofamericancanyon.org); or mail to: City of American Canyon, Attention Whistleblower Program, 4381 Broadway, Suite 201, American Canyon, CA 94503.