



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? If yes, you may file a complaint for retaliation by selecting Add/Delete a Complaint from the top left corner. Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* 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.



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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

3. Do you have representation?* Yes No

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.*)



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a. Competitive Service

Temporary appointment

Career or career-conditional appointment

Term appointment

Probationary employee

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



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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.

If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Instance" button at the end of each section. All fields allow ample space to respond, but each question has a character limit; if you can no longer type you have hit the limit. You will have an opportunity to attach supporting documentation before you submit your form.

Violation of law, rule, or regulation

a. Who took the action?

First Name	Last Name	Title	Del

Add Row

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?

Add Another Violation of Law, Rule, or Regulation Claim



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Gross mismanagement

a. Who took the action?

First Name	Last Name	Title	Del

Add Row

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?

Add Another Gross Mismanagement Claim

Gross waste of funds

a. Who took the action?

First Name	Last Name	Title	Del

Add Row

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?

Add Another Gross Waste of Funds Claim



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Abuse of authority

a. Who took the action?

First Name	Last Name	Title	Del

Add Row

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?

Add Another Abuse of Authority Claim

Substantial and specific danger to public health

a. Who took the action?

First Name	Last Name	Title	Del

Add Row

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?

Add Another Substantial and Specific Danger to Public Health Claim



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Substantial and specific danger to public safety

a. Who took the action?

First Name	Last Name	Title	Del

Add Row

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?

Add Another Substantial and Specific Danger to Public Safety Claim

Censorship related to scientific research

a. Who took the action?

First Name	Last Name	Title	Del

Add Row

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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Add Another Censorship Related to Scientific Research Claim

1. What action would you like OSC to take?

PART 4: WHERE ELSE DID YOU REPORT THIS MATTER?

2. 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 note that the space available for attachments is limited. Therefore, **DO NOT** attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your disclosure **if these documents are relevant to your allegations.**

To see the attachments that have been successfully added to your form, click on the paperclip icon  in the dark gray panel on the far left side of your screen. Please note that, if you print a copy of your form, the attachments will not print with it. However, any documents that appear in the paperclip panel  will be transmitted to OSC.

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).)