

**REQUEST FOR HEARING UNDER THE PROVISIONS OF  
WASHOE COUNTY ORDINANCE NO. 1141  
("WHISTLEBLOWER" ORDINANCE)**

In accordance with Ordinance No. 1141, this form is provided by the Department of Human Resources in filing your appeal with the Department of Human Resources. Ordinance No. 1141 provides that "The hearing officer may reject a form that is incomplete or otherwise deficient as insufficient to commence the appeal."

Name of Appellant (please print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

AT THE TIME OF THE REPRISAL OR RETALIATORY ACTION DESCRIBED BELOW IN PARAGRAPH 4, I AM/WAS EMPLOYED WITH WASHOE COUNTY AS FOLLOWS:

Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_

1. Describe the specific factual allegations of improper governmental conduct including the date of any such alleged occurrence, the county officer or county employee alleged to have engaged in such improper governmental action- either by act of commission or omission-and the basis or legal theory upon which it is alleged that said conduct constitutes an improper governmental action.

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2. Describe the specific factual allegations as to when, to whom and how the alleged improper governmental conduct was disclosed.

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3. Describe the specific factual allegations as to when, by whom and how the institution and/or individual alleged to have committed a reprisal or retaliation due to the disclosure learned of the disclosure activity of the Petitioner-Employee including any inferences drawn in connection therewith.

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4. Describe the specific factual allegations as to when, by whom and what reprisal or retaliation resulted from their alleged disclosure of the alleged improper governmental action.

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APPELLANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Upon completion return to Department of Human Resources  
(Retain a copy for your records.)

March 11, 2002