



**SECTION 1: INSTRUCTIONS**

District employees, applicants for District employment, District volunteers, and District contractors and vendors are encouraged to report suspected unlawful and other improper conduct using procedures set forth in existing District policies and procedures when applicable. For reports of alleged violation of the Policy for which no District existing policy or procedure is applicable, reports and investigations shall be governed by Board Policy 2400. Upon completion of this form, please submit it to:

Ogletree Deakins  
Vince M. Verde –Attorney  
Park Tower  
695 Town Center Dr., Fifteenth Floor  
Costa Mesa, CA 92626

**Person reporting the actual/suspected wrongful conduct: (Do not complete this section if you wish to remain anonymous.)**

Name: First	Name: Last	Title
Department	School/Location	Email Address
Work Phone Number	Home/Cell Number	

**Person against whom the report of actual or suspected wrongful conduct is being made:**

Name: First	Name: Last	Title
Department	School/Location	Phone Number

**SECTION 3: DESCRIPTION OF CONDUCT**

Use this section and additional sheets to describe the alleged wrongful conduct. Include specific facts and any documentation you have.



# CAPISTRANO UNIFIED SCHOOL DISTRICT

## WHISTLEBLOWER FORM

Names and Phone Numbers of witnesses or persons with information:

Describe the law(s) or the CUSD policy that you allege was violated:

### SECTION 4: DECLARATION OF COMPLAINANT

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Submit completed form to:**

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