



LACCD Bond Monitor Whistleblower Form

Date of Occurrence: _____ Location of Occurrence: _____

Person(s) Involved:

Name: _____ Position Title: _____

Name: _____ Position Title: _____

Name: _____ Position Title: _____

Describe in detail the activity (who, what, where, when, and how):

[Large empty box for activity description]

Is there any evidence to support this allegation? Yes No Unknown

Has this been previously reported? Yes No

When: _____ To Whom: _____

Describe any physical evidence or supporting documentation:

[Large empty box for physical evidence]

Describe how you became aware of the activity?

[Large empty box for awareness description]

Are there other witnesses to the activity? Yes No

Contact Information

Providing your contact information will give the Monitor the ability to follow-up on your report, if necessary. Your information is CONFIDENTIAL and will not be shared with other offices.

First Name: _____ Last Name: _____

Address: _____

Phone No.: _____ Email: _____