



“WHISTLEBLOWER” APPEAL FORM

Please use this form to appeal a violation of Title 2, Chapter 2 of Lyon County Code and/or Lyon County Personnel Policy 5.1, which provide protections to Lyon County personnel who disclose improper governmental action. *The completed form must be delivered to the County Manager within sixty (60) days of the alleged violation.*

I. Appellant Information

Name:

Mailing Address:

Contact Phone:

Email:

Department/Agency at time of Action:

II. Statement of Facts

Please attach a detailed statement identifying, with specificity:

- All facts and circumstances pertaining to the alleged improper governmental action, including, without limitation, when, where, and how the improper governmental action occurred, the individual(s) involved, and any laws, regulations, codes, or ordinances alleged to have been violated.
- All facts and circumstances pertaining to the disclosure of the improper governmental action, including when, where, how, and to whom the information was disclosed.
- All facts and circumstances pertaining to the alleged reprisal or retaliatory action, or other violation of County Code/Policy. This includes, without limitation, when, where, how, and by whom the alleged retaliation or violation was committed.

III. Supporting Evidence

Please attach copies of all relevant documents, videos, or other evidence.

IV. Remedy

Please state the remedy you are seeking:

I hereby request a hearing to determine whether a violation of the whistleblower protection provisions occurred. I attest that the information I have submitted in connection with this appeal is true and correct.

Name

Date

For County Use
Date Received: