

# APPEAL OF “WHISTLEBLOWER” RETALIATION UNDER THE PROVISIONS OF NRS 281.641

PLEASE PRINT ALL INFORMATION

**\*\*PLEASE NOTE: THIS FORM IS TO BE USED IF YOU BELIEVE YOU HAVE BEEN SUBJECT TO REPRISAL OR RETALIATORY ACTION FOR REPORTING AN IMPROPER GOVERNMENTAL ACTION.\*\***

## Appellant Information

Name of appellant:

Mailing  
Address:

Work Phone:

Contact Phone:

Email:

Employee ID#:

Agency of Employment:

Division/Section:

City:

Job Title:

At the time of the alleged retaliatory action I was employed with the Agency listed above:  Yes  No

If “No”, list Agency employed with at the time:

## Whistleblowing Activity

Have you disclosed information that evidences improper governmental action through a violation of state law or regulation; an abuse of authority; a gross waste of public money; or a substantial and specific danger to the public health or safety?

Yes\*\*

No

\*\*If “Yes”, attach a summary that sets forth the facts and circumstances regarding the disclosure of improper governmental action.

If “Yes”, to whom was the disclosure made?

Date the disclosure was made:

## Appealed Action

Date of alleged retaliation:

If you believe action was taken against you in retaliation for your disclosure of improper governmental action:

- a) State specifically the alleged retaliatory action you are appealing, including a chronology of facts; and
- b) explain why you believe the action was based on your disclosure of improper governmental action. Attach a copy of documentary evidence which supports your statement(s).

What remedy are you seeking?

## Designation of Representative

You may represent yourself in this appeal, or you may be represented by an attorney or other person of your choosing. If you are representing yourself, do NOT complete this section. You may also designate a representative at a later date.

“I hereby designate \_\_\_\_\_ to serve as my representative during the course of this appeal. I understand that my representative is authorized to act on my behalf.”

Representative’s mailing address:

Representative’s phone number:

Fax:

Email address:

### SIGN HERE TO MAKE YOUR DESIGNATION OF REPRESENTATIVE EFFECTIVE

Appellant Signature:

Date:

### Appellant Signature

Signature of Appellant or Designated Representative:

Date:

*By signing this form you are requesting a hearing to determine if the action described above was reprisal or retaliatory action for disclosing information about improper governmental action and authorize the Division of Human Resource Management to provide a copy of your personnel record to the Hearing Officer.*

Please mail or fax this form to:

**Division of Human Resource Management  
Clerk to the Hearing Officers  
209 E. Musser St., Room 101  
Carson City, Nevada 89701-4204  
Fax (775) 684-0118**

## Appeal Instructions

**GENERAL:** Please print all information requested on this form. This form is used to appeal an action that you believe has occurred as reprisal or in retaliation after reporting an improper governmental action. This form is not used to report improper action, only alleged reprisal or retaliation for reporting improper governmental action. You will have an opportunity to submit additional material in support of your appeal prior to your hearing.

**To report concerns about improper governmental action please contact the Nevada Attorney General’s office, the Nevada Commission on Ethics, or your Agency management.**

The “whistleblower” appeal procedure and statements made on this form do not include all the rights available to an appellant. You should review NRS 281 and NAC 281 prior to filing an appeal. Appeal hearings are open to the public and hearing officer decisions are public information.

**HOW TO FILE AN APPEAL:** You may file your appeal by mail, by facsimile, or by personal delivery. **The appeal form must be completely filled out and must contain your signature or your designated representative’s signature.**

**WHEN TO FILE AN APPEAL:** Nevada law states “If any reprisal or retaliatory action is taken against a state officer or employee who discloses information concerning improper governmental action within 2 years after the information is disclosed, the state officer or employee may file a written appeal with a hearing officer of the Personnel Commission for a determination whether the action taken was a reprisal or retaliatory action.”(NRS 281.641)

Your appeal must be filed within 10 working days after the date the alleged reprisal or retaliatory action took place. If your appeal is filed late the hearing officer may dismiss it as untimely. The date of the filing is the date the appeal is postmarked, the date of the facsimile transmission, or the date of receipt if you personally deliver it to the Division of Human Resource Management.

**WHERE TO FILE AN APPEAL:** You must file your appeal with the Clerk to the Hearing Officers at the Division of Human Resource Management, 209 E. Musser St., Room 101, Carson City, Nevada 89701-4204, Fax (775) 684-0118, Phone (775) 684-0109.

To deliver your appeal in person, please bring it to the Division of Human Resource Management, 100 N. Stewart St., Suite 200, Carson City, Nevada.

**NRS 281.641 Reprisal or retaliatory action against state officer or employee who discloses improper governmental action: Written appeal; hearing; order; negative ruling may not be based on identity of persons to whom disclosure was made; rules of procedure.**

1. If any reprisal or retaliatory action is taken against a state officer or employee who discloses information concerning improper governmental action within 2 years after the information is disclosed, the state officer or employee may file a written appeal with a hearing officer of the Personnel Commission for a determination of whether the action taken was a reprisal or retaliatory action. The written appeal must be accompanied by a statement that sets forth with particularity:

- (a) The facts and circumstances under which the disclosure of improper governmental action was made; and
- (b) The reprisal or retaliatory action that is alleged to have been taken against the state officer or employee.

➔ The hearing must be conducted in accordance with the procedures set forth in NRS 284.390 to 284.405, inclusive, and the procedures adopted by the Personnel Commission pursuant to subsection 4.

2. If the hearing officer determines that the action taken was a reprisal or retaliatory action, the hearing officer may issue an order directing the proper person to desist and refrain from engaging in such action. The hearing officer shall file a copy of the decision with the Governor or any other elected state officer who is responsible for the actions of that person.

3. The hearing officer may not rule against the state officer or employee based on the person or persons to whom the improper governmental action was disclosed.

4. The Personnel Commission may adopt rules of procedure for conducting a hearing pursuant to this section that are not inconsistent with the procedures set forth in NRS 284.390 to 284.405, inclusive.

5. As used in this section, "Personnel Commission" means the Personnel Commission created by NRS 284.030. (Added to NRS by 1991, 1993; A 1995, 347; 2001, 3050; 2011, 2952)

**NAC 281.305 Written appeal by officer or employee who claims retaliatory action was taken against him or her. (NRS 281.641)**

1. A state officer or employee who claims a reprisal or retaliatory action was taken against him or her for disclosing information concerning improper governmental action may file a written appeal pursuant to NRS 281.641 with a hearing officer of the Personnel Commission. The appeal must be:

- (a) Filed within 10 workdays after the date the alleged reprisal or retaliatory action took place.
- (b) Submitted on a form provided by the Division of Human Resource Management of the Department of Administration.

2. The hearing officer may reject a form that is incomplete or otherwise deficient as insufficient to commence the appeal.

(Added to NAC by Dep't of Personnel, eff. 3-1-96)