



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
DIVISION OF HUMAN RESOURCE MANAGEMENT**



NOTICE OF IMPROPER GOVERNMENTAL ACTION FORM

THIS FORM AND THE DIVISION OF HUMAN RESOURCE MANAGEMENT’S (DHRM) PROCESS IS SOLELY INTENDED TO ASSIST YOU IN CONNECTING WITH THE APPROPRIATE AUTHORITY FOR FILING A COMPLAINT. Once received and reviewed, DHRM will, based upon the information you have provided, either a) forward this form; b) contact you for clarification; or c) contact you regarding the disposition of the filing of this form. DHRM does not offer legal advice nor guarantee that all appropriate authorities will be provided with this complaint. DHRM takes no responsibility for missing any relevant timeframes or deadlines to file a complaint.

Any information you provide may be reported to the appropriate authority even if you later decide not to proceed with a complaint.

If sufficient information is not provided, DHRM may not be able to assist.

Submitting this complaint to DHRM does not extend any timeframe requirement set by the appropriate authority.

Filing this form is not an allegation of reprisal or retaliatory action under NRS 281.641 and does not constitute a request for a hearing. However, filing this form also does not preclude you from filing this complaint in other venues.

DHRM is unable to provide you legal advice, if you need assistance understanding your rights and responsibilities relating to the improper governmental action, you should contact an attorney of your choosing.

Are you a current State of Nevada executive branch agency employee? Yes No

Employee/constituent name: _____
First Last MI

Employee/constituent mailing Address: _____
Address City State Zip

Employee/constituent email: _____

Employee/constituent Phone Number: _____

Complaint Information

Provide the following information regarding the alleged improper governmental action.

Date(s) action occurred: _____

The State department which committed the action: _____

If known, the person(s) that committed the action: _____

Type of Complaint:

Sex or gender-based harassment

Fraudulent or waste of State resources

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- | | |
|---|--|
| <input type="checkbox"/> Race or national origin discrimination | <input type="checkbox"/> Unauthorized use of State funds |
| <input type="checkbox"/> Workplace violence | <input type="checkbox"/> Ethics |
| <input type="checkbox"/> Unauthorized access of records | <input type="checkbox"/> Workers' compensation fraud |
| <input type="checkbox"/> Criminal activity | <input type="checkbox"/> Peace/police officer misconduct |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Fraudulent reporting |
| <input type="checkbox"/> Violation of statutory provisions (please list): _____ | |
| <input type="checkbox"/> Other: _____ | |

Briefly describe the alleged improper governmental action:
