

U.S. DEPARTMENT OF ENERGY (DOE)
Employee Concerns Program (ECP)

Confidentiality Statement for ECP Case Number: _____

I have information I wish to provide ECP. Consistent with legal obligations, the ECP adheres to the following obligations:

- The ECP will protect my confidentiality to the extent allowed by law.
- The ECP will consider me to have waived confidentiality if I take or have taken any action that may be inconsistent with the granting of confidentiality (e.g., any action that could reasonably be expected to disclose my identity or I have engaged in misconduct that is connected to my concern(s)).

I understand the ECP is an advocate for resolution, not an advocate for me or my employer. I agree that the ECP has a duty to act in an expedient manner on issues that involve: imminent danger situations; allegations of harassment, intimidation, retaliation, and/or discrimination for engagement in protected activity; or potential violations of laws, rules or regulations.

Consistent with maintaining the confidentiality requested, the ECP agrees to:

- Take reasonable steps to ensure my identity as the source of the information is not compromised;
- Notify me of the proposed path forward (i.e., retain, referral, transfer, rapid resolution, etc.) for the resolution of this concern;
- Notify executive management of the existence of this concern, but not my identity (without my permission); and
- Notify me if my confidentiality can no longer be preserved.

I request the following level of confidentiality:

- Confidentiality waived: _____ (initial) Confidentiality requested: _____ (initial)

Concerned Individual Information:

Full Name: _____
Address: _____
City & State _____ Zip: _____
Mobile #: _____
Work/Home #: _____
E-mail Address: _____
Employer: _____
Position: _____
Supervisor: _____
Contact preference:
 E-mail Phone: _____

Employer Communication:

I understand that by filing this concern no special rights or privileges are granted to me. However, if my employer proposes taking an adverse action against me, I agree an ECP Representative may communicate with my employer regarding this concern in order to review whether the proposed adverse action is being taken as a result of raising a concern.

- Yes _____ (initial)
 No _____ (initial)

Signature: _____

Date: _____

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DOE Privacy Notice

AUTHORITIES: The information requested on this form is collected pursuant to 42 United States Code, Sections 2201(p), 5801(a), 7101, 7254; 50 United States Code, Section 2401; and Department of Energy Order 442.1B.

PURPOSE: The primary purpose for providing the requested information on this form is to document when a concerned individual requests confidentiality. The information you provide will be used to document your request for confidentiality and ensure the ECP Manager knows whether you have requested confidentiality.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any additional information to support the review, may negatively impact the ability of the Employee Concerns Program (ECP) to thoroughly investigate an employee concern.

ROUTINE USES: The information you provide on this form may be shared with other federal, state, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices [DOE-3 Employee Concerns Program Records system], which can be found at www.doe.gov/privacy. The information may also be made available, as appropriate, when required by law, regulation, court order, DOE Order, or in the interest of national security.