



MERIT SYSTEMS PROTECTION BOARD FORM 185-1
APPEAL FROM DISCIPLINE AND ADVERSE ACTION

Please type or print legibly.

OMB No. 3124-0009

1. Name (last, first, middle initial) Gonzalez, Sandalio	
2. Present Address (number and street, city, state, and zip code) You must notify the Board in writing of any change in your mailing address while your appeal is pending. Address: [REDACTED] City, State, Zip Code: [REDACTED]	
3. Telephone numbers (include area code) and E-Mail Address You must notify the Board in writing of any change in your telephone number(s) or e-mail address while your appeal is pending. Home: [REDACTED] Work: [REDACTED] Fax: [REDACTED] Other: [REDACTED] E-mail Address: [REDACTED]	
4. Do you wish to designate an individual or organization to represent you in this proceeding before the Board? (You may designate a representative at any time. However, the processing of your appeal will not normally be delayed because of any difficulty you may have in obtaining a representative.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address of the agency that made the decisions or took the action you are appealing (include bureau or division, street address, city, State and Zip code) Agency Name: Department of Justice Bureau: Drug Enforcement Administration Address: City, State, Zip code: Washington, District of Columbia, 20537, United States of America	
6. Your Federal employment status at the time of the decision or action you are appealing: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Applicant <input type="checkbox"/> Term <input checked="" type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> None	7. Type of appointment (if applicable): NOT APPLICABLE RECEIVED MSPB - DARGO 2005 FEB 15 AM 11:18
8. Your occupational series, position title, grade, and duty station at NOT APPLICABLE	9. Are you entitled to veteran's NOT APPLICABLE
10. Length of Government Service (if applicable): [REDACTED] Year [REDACTED] Month	11. Were you serving a probationary or trial period at the time of the decision or action you are appealing? NOT APPLICABLE

Appeal Number 200500232
Submission Date: 2/7/2005
Confirmation Number [REDACTED]



MILITARY PERSONNEL PROTECTION BOARD
APPEAL FORM (APPELLANT AND AGENCY USE ONLY)

Please type or print legibly.

HEARING: You may have a right to a hearing before an administrative judge. If you choose to have a hearing, the Board will notify you when and where it is to be held. If you do not want a hearing, the Board will make its decision on the basis of the submission of the parties.

12. Do you want a hearing? Yes No

E-Filing: Registration as an E-Filer enables you to file any or all of your pleadings with the Board in electronic form. Registration also means you consent to accept service of all pleadings filed by other registered E-Filers and all documents issued by the Board in electronic form. You will receive these as PDF documents at the e-mail address you provided the Board. If registered as an E-Filer, you may file any pleading, or portion of a pleading, by non-electronic means. You can withdraw your registration as an e-filer at any time.

13. Do you wish to register as an E-Filer in this appeal? I elect to E-File I decline to E-File

14. I certify that all of the statements made in this form and all attached forms are true, complete, and correct to the best of my knowledge and belief.

Signature of Appellant or Representative:

Date:

Appeal Number 200500232

Submission Date: 2/7/2005

Confirmation Number [REDACTED]

MSPB Form 185-1, Page 2 (8/1/2002)
5 CFR Parts 1201, 1208, and 1209



WHISTLEBLOWING DISCLOSURE BOARD FORM 18-5

OMB No. 3124-0009

Complete this form and submit to the Merit Systems Protection Board, 1400 Constitution Avenue, NW, Washington, DC 20004.

This disclosure is a statement of information that you believe is a violation of any law, rule, or regulation; gross mismanagement; a gross waste of funds; an abuse of authority; or a substantial and specific danger to public health or safety.

This disclosure is not a request for action. It is a statement of information that you believe is a violation of any law, rule, or regulation; gross mismanagement; a gross waste of funds; an abuse of authority; or a substantial and specific danger to public health or safety.

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Name (last, first, middle initial) Gonzalez, Sandalio

THE WHISTLEBLOWING DISCLOSURE(S) - Answer questions 1 and 2 regardless of whether this is an IRA appeal or a claim that an appealable agency action or decision was based on whistleblowing. A whistleblowing disclosure is a disclosure of information that you reasonably believe evidences a violation of any law, rule, or regulation; gross mismanagement; a gross waste of funds; an abuse of authority; or a substantial and specific danger to public health or safety. See 5

- 1. For each disclosure you made, provide the date of the disclosure (month, day, year) and summarize the disclosure below (attach additional sheets if necessary) or, if the disclosure was made in writing, attach a copy.

Date: 02/24/2004

Murder.

Gross mismanagement of a criminal case.

Obstructing an investigation of a threat against the lives of a federal agent and his family.

(A copy of a letter dated 02/24/2004 will be provided)



MERIT SYSTEMS PROTECTION BOARD FORM 185-5
WHISTLEBLOWER CLAIM OR INDIVIDUAL RIGHT OF ACTION

Please type or print legibly.

2. Provide the name, title, and office address of the person to whom each disclosure described in your answer to question 1 was made.

Name: Margaret Leachman
Title: Chief Assistant United States Attorney

Address: [REDACTED]

City, State, Zip Code: [REDACTED]

THE AGENCY PERSONNEL ACTION OR DECISION - Answer question 3 regardless of whether this is an IRA appeal or a claim that an appealable agency action or decision was based on whistleblowing. Answer questions 4 and 5 ONLY if this is an IRA

Provide a chronology of facts concerning the agency action or decision that you claim was based on whistleblowing and explain why you believe that it was based on whistleblowing.

See Continuation Sheet for Response.

4. Identify the agency action or decision that you claim was based on whistleblowing (see 5 U.S.C. 2303(a) for covered personnel actions) and provide the date (month, day, year) of the action or decision. (Attach any proposal letter, decision letter, and/or SF-50 that you received in connection with this action or decision.)

Performance appraisal (copy will be provided)

Date: 08/20/2004

Check the appropriate box below to indicate whether the action or decision was:

Threatened Proposed Taken Not Taken

5. What action would you like the Board to take in this case (i.e., what remedy are you asking for)?

For the agency to rescind the negative wording in the performance appraisal, that appropriate disciplinary action is taken against the officials that violated my rights, and any other relief allowed by law.

Appeal Number: 200500232

Submission Date: 2/7/2005

Confirmation Number: [REDACTED]

MSPB Form 185-5, Page 2 (6/1/2002)
5 CFR Parts 1201 and 1209



MERIT SYSTEMS PROTECTION BOARD FORM 185-5
WHISTLEBLOWER CLAIM FOR REMEDIAL ACTION

Please type or print legibly.

Attach a copy of your request to the OSC for corrective action and provide the date (month, day, year) that you filed it.

09/09/2004

Have you received written notice of your right to file this appeal from the OSC?

Yes

No

Are you requesting an award of consequential damages in connection with your whistleblower claim? See 5 C.F.R. 1201.202(b).

Yes

No

STAY REQUEST - If you are requesting that the Board STAY the agency action or decision that is the subject of your whistleblower appeal, complete and attach MSPB form 185-6. If you ALREADY requested a stay from the Board in connection

Please provide the date (month, day, year) you filed your stay request:

NOT APPLICABLE

Provide the location of the MSPB office where you filed your request.

NOT APPLICABLE

Has there been a decision of your stay request?

NOT APPLICABLE

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Submission Date: 2/7/2005
Confirmation Number: [REDACTED]

MSPB Form 185-5, Page 3 (6/1/2002)
5 CFR Parts 1201 and 1209



MERIT SYSTEMS PROTECTION BOARD FORM 18
WHISTLEBLOWER CLAIMS OF INDIVIDUAL RIGHT OF ACTION (R)

Continuation Sheet

3. Provide a chronology of facts concerning the agency action or decision that you claim was based on whistleblowing and explain why you believe that it was based on whistleblowing.

On 02/24/2004 I sent a letter to the Special Agent in Charge of the Immigration and Customs Enforcement (ICE) office in El Paso, holding him responsible for the actions of ICE personnel and one of their informants regarding the murder of several individuals in ██████████, Mexico whose bodies were discovered in the backyard of a residence, and the subsequent obstruction of a threat against the lives of a Drug Enforcement Administration (DEA) agent and his family. Because a federal prosecutor was in the mix, I also sent the letter to the Office of the United States Attorney for the Western District of Texas.

As a result of my letter, the U.S. Attorney, ██████████, complained to the Justice Department and the DEA, and this resulted in negative comments in my next performance evaluation to the effect that I had exercised "extreme poor judgement" in sending the letter. My negative evaluation was a direct result of my blowing the whistle on the murders and the obstruction.



MERIT SYSTEMS PROTECTION BOARD

APPEAL FORMS PROCEDURE GUIDE (MSPB Form 185)

ATTACHMENTS CHECKLIST

During the interview process you were asked to submit certain attachments or select a status for each attachment. The below listing shows your response to each attachment request.

Attachment Type: SF-50, Notification of Personnel Action

Attachment Method: Submit in paper form (mail, fax or other method)

Attachment Type: Agency Proposal Letter

Attachment Method: Submit in paper form (mail, fax or other method)

Attachment Type: Agency Decision Letter

Attachment Method: Submit in paper form (mail, fax or other method)

Attachment Type: Whistleblowing - Written Disclosure (185-5, Q1)

Attachment Method: Submit in paper form (mail, fax or other method)

Attachment Type: WhistleblowerRequest, OSC Corrective Action (185-5, Q6)

Attachment Method: Submit in paper form (mail, fax or other method)

Attachment Type: Whistleblowing, OSC Notice, Right to Appeal (185-5, Q6)

Attachment Method: Submit in paper form (mail, fax or other method)