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# WHISTLEBLOWER DISCLOSURE STATEMENT

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The *Whistleblower Disclosure Statement* provides an avenue for all trustees, officers, current and former employees and independent contractors, employees of independent contractors, and volunteers to report actual or suspected wrongful conduct without fear of retaliation. Refer to the Whistleblower Policy in the [Employee Handbook](#) for additional information.

DATE OF REPORT

## REPORTER INFORMATION

*This information is not required if being submitted anonymously.*

NAME OR ENTER "ANONYMOUS"

POSITION OR AFFILIATION

PREFERRED CONTACT INFO (email or phone)

DEPARTMENT (if applicable)

SECONDARY CONTACT INFO (email or phone)

BEST TIME TO CONTACT YOU

HOME ADDRESS (optional)

## SUBJECT OF REPORT

*Provide the name of the person whom this report of suspected or actual wrongful conduct is being made, including any known contact information. If there is more than one person against whom you are making a report, complete separate statements for each person.*

NAME

POSITION OR AFFILIATION

CONTACT INFORMATION (if known)

## POTENTIAL WITNESSES

*Provide the name(s) of any witness(es) to the suspected or actual wrongful conduct. If there are more than three witnesses, you may attach additional pages.*

NAME

POSITION OR AFFILIATION

CONTACT INFORMATION (if known)

NAME

POSITION OR AFFILIATION

CONTACT INFORMATION (if known)

NAME

POSITION OR AFFILIATION

CONTACT INFORMATION (if known)

**DESCRIPTION OF COVERED CONDUCT**

*Please describe the suspected or known wrongful conduct. The box will expand as you type, or you may attach your description on a separate page or pages. Please be as specific as possible, including explanations of who, what, where, when, and how.*