

## Whistleblower Complaint Form

Date of Report \_\_\_\_\_

**COMPLAINANT'S CONTACT INFORMATION: *Not required if reporting anonymously***

Name	Position/Title
Dept/Location	Work#
Home Address	Home/Cell
Best time to reach you	Email
Preferable method of communication	

**PERSON AGAINST WHOM COMPLAINT OF ACTUAL OR SUSPECTED WRONGFUL CONDUCT IS BEING MADE: *If more than one, please complete additional form(s).***

Name	Position/Title
Dept/Location (if applicable)	Phone # (if known)

**WITNESSES TO ACTUAL OR SUSPECTED WRONGFUL CONDUCT: *Attach additional sheets if necessary.***

Name (1)	Position/Title
Dept/Location (if applicable)	Phone # (if known)
Name (2)	Position/Title
Dept/Location (if applicable)	Phone # (if known)

The Whistleblower Complaint Form provides an avenue for all trustees, employees and volunteers to report actual or suspected wrongful conduct without fear of retaliation. Please refer to the Whistleblower Policy for additional information.

**DESCRIPTION OF KNOWN OR SUSPECTED WRONGFUL CONDUCT: (Please be as specific as possible including who, what, where, when and how?) Attach additional sheets of paper if necessary.**


**Return completed form to:**

**Chair of Governance Committee of the Utica Public Library Board of Trustees  
303 Genesee Street  
Utica, NY 13501**

**Chair of Governance Committee's Signature**\_\_\_\_\_

**Date Received**\_\_\_\_\_

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