Whistle-blower Policy
Disclosure Statement

Personal Information (optional):

Your Name:______________________________

Department:______________________________

Your Email Address:________________________

Campus Phone or Other Phone Number:________________________

Today’s Date (month/day/year):________________________

Incident Information (required):

Date(s) of incident (provide month, date, and year if dates are known):________________________

________________________________________

________________________________________

Name of College employee(s) or other individual(s) involved in incident:________________________

________________________________________

________________________________________

Name of each witness, if any:________________________

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________________________________________

Please describe the wrongdoing you believe has occurred or is occurring, in as much detail as possible (use additional paper if necessary):

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What facts / evidence do you have to support your allegation? Please describe in detail (use additional paper if necessary):

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Please attach any physical evidence you have to support the allegations (for example, copies of reports, memos, spreadsheets, budget statements, invoices, email messages, etc.).

Your Certification:

I have read and understand the Franklin & Marshall College Whistle-blower Policy. I certify that the information I have provided above accurately represents my full knowledge of the incident(s). I certify that I have not knowingly provided false, incomplete, or misleading information. I acknowledge that I understand an investigation of these allegations will commence.

Your Signature

Date

If making an anonymous report, you do not need to sign above. Please assure, however, the information you have provided accurately reflects your full knowledge of the incident. Please be aware that an anonymous report may be more difficult for the College to investigate and substantiate.

Please send the completed Disclosure Statement to the Director or Assistant Director, Human Resources, Franklin & Marshall College, P.O. Box 3003, Lancaster, PA 17604-3003, fax (717) 291-3969. If a member of the Human Resources staff is named in the Disclosure Statement, send the Statement to the Vice President for Finance and Administration, Finance Office.

For College Use:

Date Received:__________________________

Received By:

(name) (title)