

CONFIDENTIAL

**ST. BONAVENTURE UNIVERSITY
WHISTLEBLOWER REPORTING FORM**

Date of Report: _____

| REPORTER'S CONTACT INFORMATION: <i>Not required if being submitted anonymously</i> | |
|---|----------------|
| Name | Position/Title |
| Dept/Location | Work # |
| Home Address | Home/cell # |
| Best time to reach you | Email |
| Preferable method of communication: | |

| PERSON AGAINST WHOM THE REPORT OF ACTUAL OR SUSPECTED WRONGFUL CONDUCT IS BEING MADE: <i>If more than one, please complete additional form(s).</i> | |
|---|--------------------|
| Name | Position/Title |
| Dept/Location (if applicable) | Phone # (if known) |

| WITNESS(ES) TO ACTUAL OR SUSPECTED WRONGFUL CONDUCT: <i>Attach additional sheets if necessary.</i> | |
|---|--------------------|
| Name | Position/Title |
| Dept/Location | Phone # (if known) |
| Name | Position/Title |
| Dept/Location | Phone # (if known) |

Continued on Next Page

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

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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.*

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Return completed form to:

Chair of Oversight Committee

Compliance Officer Signature _
Date Received _____

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