

CONFIDENTIAL
Finger Lakes Library System

WHISTLEBLOWER REPORTING FORM

Date of Report: _____

I have read the Finger Lakes Library System WHISTLEBLOWER POLICY: Yes No

REPORTER'S CONTACT INFORMATION: (Not required if being submitted anonymously)	
Name	Position/Title
Work Address (if applicable)	Work #
Home Address	Home/cell #
Best time to reach you	Email
Preferred method of communication:	

PERSON AGAINST WHOM THE REPORT OF ACTUAL OR SUSPECTED WRONGFUL CONDUCT IS BEING MADE: If more than one, please complete additional form(s).	
Name	Position/Title
Work Address (if applicable & known)	Phone # (if known)

WITNESS(ES) TO ACTUAL OR SUSPECTED WRONGFUL CONDUCT: Attach additional sheets if necessary.	
Name	Position/Title
Work Address (if applicable & known)	Phone # (if known)
Name	Position/Title
Work Address (if applicable & known)	Phone # (if known)

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

Continued on Next Page

CONFIDENTIAL

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

Reporter’s Signature *(optional)* _____

Return completed form to: FLLS Board President, 3100 Dryden Rd, Ithaca, NY 14850

If the reporter deems it inappropriate to file the report with the FLLS Board President, this report may be submitted to the **FLLS Board Vice-President**, 3100 Dryden Rd, Ithaca, NY 14850

FLLS Compliance Officer Signature _____
Date Received _____

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