

DO NOT WRITE IN THIS SPACE

FOR USE BY AIHC

DATE FILED \_\_\_\_\_

## **WHISTLEBLOWER COMPLAINT FORM**

**The American Indian Health Commission (AIHC) Whistleblower policy applies to all** staff, whether full-time, part-time, or temporary employees, to all volunteers, to all who provide contract services, and to all members, officers and directors, each of whom shall be entitled to protection.

**Filing of Whistleblower Complaint Form.** Individuals listed above should file this complaint form with the AIHC Executive Director, who will address issues promptly. If it is inappropriate to file the complaint with the Executive Director, the individual can do so with the AIHC Chair. All complaints should be filed using the Whistleblower Reporting Form.

**Confidentiality.** The AIHC encourages anyone reporting a Violation to identify himself or herself when making a complaint in order to facilitate the investigation of the Violation. However, Whistleblower Complaint Forms may be submitted anonymously and mailed to the Executive Director or the Chair of the Board. Reports of Violations or suspected Violations will be kept confidential to the extent possible, with the understanding that confidentiality may not be maintained where identification is required by law or in order to enable the AIHC or law enforcement to conduct an adequate investigation.

### **Please print the following information:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_

**Person against whom the complaint is made:** \_\_\_\_\_

**Date/dates of unlawful action(s)?** \_\_\_\_\_

**Statement of facts:** (Please use extra pages if necessary)

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**Statement detailing disclosure information:** (Please use extra pages if necessary.)

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**When and to whom was this disclosure made?**

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**\*Please notify the AIHC of any changes of address and telephone number during the period of the investigation.**

**AFFIRMATION**

**I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.**

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**Signature**

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**Date**