

# Confidential

## Guernsey Memorial Library Whistleblower Reporting Form

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

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

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

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

The Whistleblower Reporting Form provides an avenue to report 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:

Connie Dalrymple, Director  
Guernsey Memorial Library  
3 Court Street  
Norwich, NY 13820  
Or [no.connie@4cls.org](mailto:no.connie@4cls.org)

Compliance Officer Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

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