

**WHISTLEBLOWER PROTECTION REPORTING FORM**

Individual Making Report:

Name-

Position-

Work Address-

Work Phone Number-

Work Email-

Preferred Method of Contact (include home or mobile phone number or e-mail address if that is preferred)-

Individual to Whom the Report Is Being Submitted (circle all applicable):

Immediate Supervisor            Superintendent            Other (specify) \_\_\_\_\_

Date and Description of Alleged Violation(s) (to the extent known; include additional pages as necessary)

Individuals Involved in Violation, and Actions of Each Individual

Witnesses (individuals who may be able to confirm allegation)

Documents (written material that may be able to confirm allegation. Please describe how the District could locate these documents or attach a copy of evidence that you already have in your possession. You should NOT attempt to obtain evidence for which you do not have a right of access.)

How do you know about the information you are reporting here?

Have you verbally reported this information to anyone? If so, please list when and to whom.

Signature (by signing below, I certify that the information in this report is true and correct to the best of my knowledge and belief.)

\_\_\_\_\_

Name

\_\_\_\_\_

Date

Blue River Valley School Corporation

Adopted: [date]

Revised: [date]