

## Disclosure of Improper Conduct under The Whistleblower Protection Law, 2015

| Personal Information    |                      |                         |             |  |  |
|-------------------------|----------------------|-------------------------|-------------|--|--|
| Full Name:              |                      |                         |             |  |  |
|                         | Last                 | First                   | М.І.        |  |  |
| Address:                |                      |                         |             |  |  |
|                         | Mailing Address      |                         | Postal Code |  |  |
| Home Phone:             |                      | Alternate Phone:        |             |  |  |
| Email                   |                      |                         |             |  |  |
| Occupation:             |                      |                         |             |  |  |
|                         |                      |                         |             |  |  |
|                         | Com                  | plaint Information      |             |  |  |
| Name of Person conduct: | committing improper  |                         |             |  |  |
| Date and Time o         | f improper conduct:  |                         |             |  |  |
| Location inciden        | t occurred:          |                         |             |  |  |
| Summary of inc          | ident:               |                         |             |  |  |
|                         |                      |                         |             |  |  |
|                         |                      |                         |             |  |  |
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|                         |                      |                         |             |  |  |
|                         |                      |                         |             |  |  |
|                         |                      |                         |             |  |  |
| Are you still amo       | loyed where incident |                         |             |  |  |
| occurred:               |                      | If No, last day of serv | ice         |  |  |

| Witness Information          |                             |                              |             |  |  |
|------------------------------|-----------------------------|------------------------------|-------------|--|--|
| Where there any witnesses:   |                             |                              |             |  |  |
| Witness Name:                |                             |                              |             |  |  |
|                              | Last                        | First                        | M.I.        |  |  |
| Address:                     |                             |                              |             |  |  |
|                              | Mailing Address             |                              | Postal Code |  |  |
| Primary Phone:               |                             |                              |             |  |  |
| Witness Name:                |                             |                              |             |  |  |
|                              | Last                        | First                        | M.I.        |  |  |
| Address:                     |                             |                              |             |  |  |
|                              | Mailing Address             |                              | Postal Code |  |  |
| Primary Phone:               |                             |                              |             |  |  |
|                              |                             |                              |             |  |  |
| Please sign and date to conf | irm that the information yo | u have provided is accurate. |             |  |  |
|                              |                             |                              |             |  |  |
|                              |                             |                              |             |  |  |
| Signature:                   |                             | Date:                        |             |  |  |