

**Whistleblower Policy Appendix A
WHISTLEBLOWER REPORTING FORM**

Your name* (see note below) _____

Telephone _____ Email _____

Name of person you are reporting _____

Date of incident _____

Type of incident

- ☐ incorrect financial reporting
- ☐ unlawful activity
- ☐ activities that are inconsistent with Olive Free Library policies or bylaws
- ☐ other serious improper conduct

description of incident _____

Submit this report to **Whistleblower Policy Compliance Officer, c/o Olive Free Library Board of Trustees, PO Box 59, West Shokan NY 12494**. The Compliance Officer is the current president of the board. If the Compliance Officer is the person you are reporting, submit the report to the vice-president or secretary of the board.

All information in this form will be kept confidential. Please review the attached Whistleblower Policy.

**NOTE: With the exception of a person's report of his or her own violation, the reporter shall not be required to provide his or her name on the form. All other requested information must be provided, so that an investigation can be conducted.*