

DO NOT WRITE IN THIS SPACE

FOR USE BY COMPLIANCE Officer
_____ vs. _____
COMPLAINANT
DATE FILED _____

WHISTLEBLOWER COMPLAINT FORM

Please print the following information:

Last Name: _____ First: _____ M.I. _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Best Telephone (____) _____

Title: _____ Unit/Dept.: _____

Telephone: _____

Person against whom the complaint is made: _____

Date/dates of unlawful personnel action(s)? _____

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

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

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When and to whom was this disclosure made?

Whistleblower complaints shall be:

- **Filed with the Compliance Officer or President on the KAH BOD within 6 months after first knowing or reasonably knowing of a violation.**
- **The complaint is investigated and a decision is made within 60 days.**
- **Confidentiality – Information obtained as part of an investigation conducted under this subtitle is confidential within the parameters of the KAH Policy on Whistleblowing.**

***Please notify the Compliance Officer 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.

Signature

Date