

Regional Consolidated Services

Whistleblower Reporting Form

Reporter's Contact Information – not required

Name		Position	
Supervisor	Worksite	Work Phone	
Home Address		Home Phone	
Best time/place to reach you			

Subject's contact information and wrongdoing information – Required

Please file a separate form for each employee or officer that you believe has engaged in improper action.

Please check one: <input type="checkbox"/> This person is an employee of RCS <input type="checkbox"/> This person is a Board member of RCS	Name:
Employee's position	Employee's Supervisor
Describe what wrongful acts occurred. Be as specific as possible.	
Where did the wrongdoing occur: which worksite, department, etc?	
When did this occur?	
Did this occur <input type="checkbox"/> once, <input type="checkbox"/> more than once, <input type="checkbox"/> is still occurring?	
What are suspect's motives for the wrongdoing (how does the suspect benefit)?	
Are there others who benefit from the wrongful activities?	
If yes, how do they benefit?	
How did the wrongful acts occur? Was there lack of controls, circumvention of controls, collusion with other persons?	