

**Grinnell College
Whistleblower Disclosure Statement**

Person Submitting the Claim:

Name: _____ Email Address: _____ Campus Phone: _____

Incident Information:

Date(s): _____

Name of employee(s) involved:

Were there any witnesses? If yes, please put their names and contact information below.

Please describe the incident in detail (if necessary attach additional sheets):

Do you have any evidence supporting your claim? If yes, please describe in the box provided.

Did you leave any evidence with the office of Human Resources? If yes, please list the evidence:

Certification:

I hereby certify that I have read and understand the Grinnell College Whistleblower Policy and that the facts and circumstances described above are true and accurate.

Signature

Date

This disclosure statement has been received by the office of Human Resources on the date noted below.

Signature of Human Resource official

Date