Whistleblower Report Form

Submit this form to the appropriate office based on the type of actual or suspected wrongful conduct being reported:

Academic misconduct matters: Office of Academic Affairs, 740-366-9357
Financial matters: Office of Business and Finance, 740-366-9236
Student matters: Office of Student Life, 740-366-9578
All other matters: Office of Human Resources, 740-366-9367

Person reporting the actual or suspected wrongful conduct:
(Do not complete this section if you intend this to be an anonymous report.)

________________________________________________________________________________
Name
________________________
Title

Department

________________________________________________________________________________
Work phone
________________________
Email address

Person against whom the report of actual or suspected wrongful conduct is being made:

________________________________________________________________________________
Name
________________________
Title

Department

________________________________________________________________________________
Work phone
________________________
Email address

Use the back of this form or additional sheets to describe the alleged wrongful conduct. Include specific facts and documentation you have, and the names of any other individuals at Central Ohio Technical College with whom you have discussed your concerns.