

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

Employment matters:

Office of Human Resources, 740-366-9367

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

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reison	reporting	me acu	uai Oi	Suspected	wronaiui	conduct.

(Do not complete this section if you intend this to be an anonymous report.)

Name	Title	
Department		
Work phone	Email address	
Person <u>against whom</u> the rep	oort of actual or suspected wrongful conduct is being r	mada.
		naue:
Name	Title	naue:
Name Department	Title	naue.

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.