

SWCAP WHISTLEBLOWER COMPLAINT FORM

SWCAP will treat all disclosures in a confidential and sensitive manner. SWCAP will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual or business associate for filing a complaint. The information you provide here will remain confidential to the extent possible. SWCAP may need to share the information to investigate your complaint. You may submit your complaint to your Supervisor, Executive Director, Operations Director, Human Right's Officer, or Board of Directors of SWCAP.

IF SUBMITTING TO THE BOARD OF DIRECTORS PLEASE MAIL THIS COMPLETED FORM TO:

**SWCAP Board of Directors
Attn: Chairperson – “Confidential”
149 N. Iowa Street
Dodgeville, WI 53533**

INFORMATION ABOUT YOUR COMPLAINT

Location of Incident:

Name of person our complaint is against:

Date action occurred:

Please provide a detailed description of your complaint covering what, when, who, how, where and why. Please attach additional pages if necessary. Also include any witnesses and their name and number.

YOUR INFORMATION: (OPTIONAL) DO NOT FILL OUT IF FILING ANONYMOUSLY

Last Name:

First Name:

Middle Initial:

Address:

City/State:

Zip

Daytime Telephone Number:
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Evening Telephone Number:
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Email:

