Whistleblower Policy
Suspected Violation Report

1. Date(s) of Suspected Violation ________________________________

2. Division where the Suspected Violation occurred ________________

3. Name/Title of the Suspected Violator _____________________________

4. Does the activity constitute a violation of one of the following:

   Conflict of Interest Policy   Yes_____  No _____ (check one)

   Financial Misconduct Policy  Yes ____  No _____ (check one)

If yes is checked above, which section of the Policy selected is suspected to have been violated? ________________________________________________

Please describe the nature of the Suspected Violation. Include as much specific information as possible. If more space is needed, please continue on reverse side.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Name of person filing this report (optional) ______________________________

Telephone number of person filing this report (optional) ____________________
Communication of a suspected violation should be made according to the following guidelines:

For Whistleblower reports against a member of any division other than the Division of Administration and Finance, reports should be directed as follows:

Elizabeth S. Small
General Counsel
O’Kane Hall 158
esmall@holycross.edu
508-793-3759

A Whistleblower report against a suspected violator within the Division of Administration and Finance or; if the person filing the report is uncertain as to the division in which a suspected violator is in; such report should be directed to the attention of the Chair of the College’s Audit Committee as follows:

Kathleen McLaughlin LaCroix
Chair, Audit Committee
151 Anchor Drive
Vero Beach, FL 32963
(203) 984-8873
HCAuditChair@holycross.edu