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:

William Phelan  
Chair, Audit Committee  
30 Sutton Place, Apt. 11A  
New York, NY 10022-2383  
(203) 209-4343  
HCAuditChair@holycross.edu