

# Town of Williston

## Whistleblower Complaint Form

Use this form to report fraudulent, illegal, and/or dishonest activities by Town employees or Town officials. For more information on the Town's policy, please refer to the Whistle Blower Policy adopted by the Williston Selectboard.

Whistleblowers may file complaints anonymously. Failure to disclose your name may hinder our ability to complete the investigation. Reports of violations will be kept confidential to the extent possible and as permitted by law. Should you disclose your name, we cannot guarantee full confidentiality.

<b>Your Information</b> (Do not complete if filing anonymously)		
First Name:	Last Name:	Email Address:
Address:	Town/City:	State/Zip
Work Telephone:	Home Telephone:	Cell Phone:

### Information about your complaint

<b>Who?</b>	WHO is your complaint against?
<b>When?</b>	WHEN did the incident occur?
<b>Where?</b>	WHERE did incident take place?
<b>Details?</b>	Please describe in detail what happened. Attach additional pages if there is not enough space below:

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Are there any witnesses?  Yes  No

If yes, please provide the information requested below.

Witness Name:	Address:	Telephone Number: (    )
Witness Name:	Address:	Telephone Number: (    )
Witness Name:	Address:	Telephone Number: (    )

### Reporting your Complaint

Have you reported this complaint to anyone else?  Yes  No

**If Yes,**

Who?

When?

**If No,**

Why not?

### Your Signature

I declare under penalty of perjury that the information on this form is true and correct to the best of my information, knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Who should I give complaint form to?

If complaint is against...		File Complaint with...
Town employee	7900 Williston Rd	Department Head
Department Head	Williston, VT 05495	Town Manager
Town Manager	802-878-0916	Chair of Selectboard
Chair of Selectboard		Vice Chair of Selectboard