Woodridge Local School District

WHISTLEBLOWER REPORT OF VIOLATION

Name: _____ Title: _____

Building: _____

Date of Violation: _____ Date of Oral Report: _____

Person to whom Oral Notification of Possible Violation was made:

Name: _____ Title: _____

Person against whom Report of Possible Violation is being made:

Name: _____ Title: _____

Building: _____

Describe in detail the Alleged Violation (*submit additional pages if necessary):*

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I hereby certify that I have made a reasonable and good faith effort to determine the accuracy of the facts alleged in this report. I further acknowledge that I may be subject to disciplinary action for purposely, knowingly, or recklessly making a false report.

District Employee: _____ Date: _____

11/20/07

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