



DO NOT WRITE IN THIS SPACE

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|---|
| <p>CASE NO. _____</p> <p>DATE FILED _____</p> |
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## CONNXUS WHISTLEBLOWER COMPLAINT REPORT

**Please print the following information:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_ Dept.: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Telephone: \_\_\_\_\_

**Provide a statement of facts that details the information disclosed that you reasonable believe is evidence of unlawful or illegal action:** (Please use extra pages if necessary)

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When and to whom was this disclosure made: \_\_\_\_\_

\_\_\_\_\_

What is the nature of the alleged violation: (Please select- unauthorized access or use of vendor or company data, abuse of authority, gross mismanagement or gross waste of money, a substantial and specific danger to public health or safety, or a violation of law)

\_\_\_\_\_

Person (s) against whom the complaint is made: \_\_\_\_\_

\_\_\_\_\_

Has a personnel action occurred as a result of your disclosure, if "yes", please describe:

\_\_\_\_\_

Who implemented the personnel action: \_\_\_\_\_

\_\_\_\_\_

Date/dates of personnel action (s) \_\_\_\_\_

\_\_\_\_\_

Whistleblower complaints shall be:

- Submitted to the ConnXus Compliance Committee for investigation at [feedback@connxus.com](mailto:feedback@connxus.com) or mailed to: ConnXus Inc, 9378 Mason Montgomery Rd, Box #303, Mason OH 45040
- The complaint will be investigated and a decision will be made within 14 days
- Confidentiality – Information obtained as part of an investigation conducted under the Whistleblower Policy is confidential.

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