

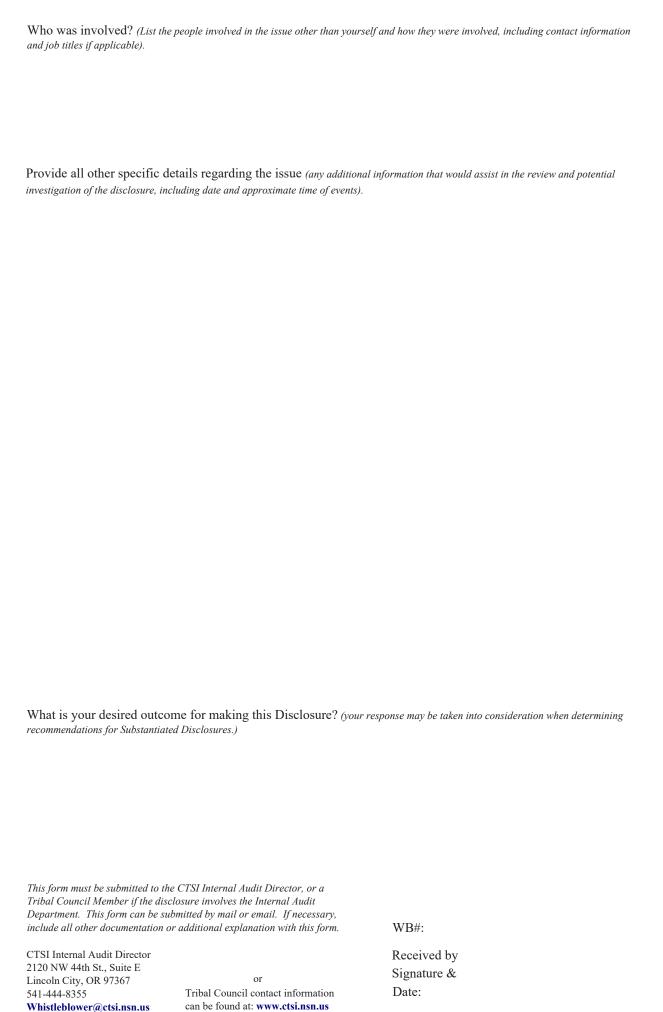
Who have you reported this issue to?

CTSI WHISTLEBLOWER FORM

WHISTLEBLOWER POLICY APPROVED BY RESOLUTION #2023-118

Date:		WARNING: If this form is printed, not all text in expanded fields will be visible.
SECT	ION 1: About the Whistleblower	expanaea fieias wiii ve visivie.
Name:		Affiliation to CTSI:
Phone Number	r:	Email Address:
		stleblowers making anonymous Disclosures will not receive Official. Additionally, the protections of the Whistleblower
SECT	ION 2: Disclosure Type	
	box that best fits your disclosure and briefly if more than one allegation is being made):	v explain how it pertains to that section (multiple boxes can be
	Illegal (e.g., violations of federal, state, or tribal leviolations).	tws including but not limited to theft, embezzlement, fraud, or health and safety
Egregious Policy Violation (e.g., not afforded the opportunity to appeal a termination in accordance with the established policies and procedures). Reference the policy or guidance that was violated.		
	Seriously Unethical (e.g., engaging in transactions with the Organization that are not arm's length and/or not disclosed to Tribal Council that result in substantial personal gain).	
Answer	ION 3: Disclosure Details the following questions using the drop-dow a may type your response):	n boxes below (if your answer is not provided in the drop-down
What is involver	•	Where did the issue occur?
Is this an ongoing issue?		Date of the most recent

occurrence?



Revised Date: 5/24/23