



CTSI WHISTLEBLOWER RETALIATION FORM

§ XI WHISTLEBLOWER POLICY
APPROVED BY RESOLUTION #2023-118

WARNING:

If this form is printed, not all text in expanded fields will be visible.

Date:

Name:

Date of Original
Disclosure:

List the names, positions, and contact information of those that may have witnessed the actions or behaviors of the retaliation.

Explain how the individual(s) who retaliated against you knew about your Whistleblower Disclosure:

Explain the treatment that you found retaliatory (*e.g., changes in behavior or actions taken since submitting your Whistleblower Disclosure*):

What is your desired outcome for making this Disclosure? (your response may be taken into consideration when determining recommendations for Substantiated Disclosures.)

This form must be submitted to the CTSI Internal Audit Director, or a Tribal Council Member if the Internal Audit Director is alleged to have initiated the retaliation. This form can be submitted by mail or email. If necessary, include all other documentation or additional explanation with this form.

CTSI Internal Audit Director
2120 NW 44th St., Suite E
Lincoln City, OR 97367
541-444-8355
Whistleblower@ctsi.nsn.us

or

Tribal Council contact information
can be found at: www.ctsi.nsn.us

RF #:

Received by
Signature &
Date: