

SETAC Reporting Form

This form is to document a concern or file a complaint against a person or entity associated with SETAC for concerns covered under [SETAC's Whistleblower Reporting Policy](#) to be addressed consistent with [SETAC's Problem Resolution Procedures](#). **Every effort will be made to treat the identity of the complainant in good faith with appropriate regard for confidentiality.**

Does the person raising the concern wish that the concern and any process initiated is kept confidential?

Yes No

Name of Complainant: _____

Affiliation: _____

Address: _____

Telephone: _____

E-mail: _____

Name(s) of the person or entity against whom this complaint is being filed:

Description of issue of concern.

State the specific SETAC policies that may pertain to the concern:

Relevant date (e.g., date[s] issue of concern occurred or was noted): _____

The name and contact information of any witnesses or individuals who may have information related to the complaint:

Person filling the form: By my signature here, I certify that the information provided here and in any attachments are true and accurate to the best of my knowledge and belief.

Signature: _____

Name: _____

Date: _____