

**Amherst College**  
**Whistle-Blower Disclosure Statement**

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**Personal Information:**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Campus Extension: \_\_\_\_\_

Are you requesting confidentiality? Yes      No

**Incident Information:**

Date(s): \_\_\_\_\_

Name of suspected employee(s):

Witness(es):

Do you have any evidence supporting the allegation? Yes      No  
If yes, please describe:

Please describe any physical evidence left with the Director of Human Resources/Ombudsperson:

Description of the alleged violation (please be as specific as possible and attach additional sheets as necessary):

**Certification:**

I have read and understand the Amherst College Whistle-Blower Policy located on the College's Ombudsperson webpage. I represent that the facts outlined above are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This disclosure statement has been received by the Ombudsperson office on the date noted below, and I am in custody of any evidence noted above.

\_\_\_\_\_  
Ombudsperson

\_\_\_\_\_  
Date