

# TOHONO O'ODHAM NATION

## Office of the Treasurer INTERNAL AUDIT SECTION WHISTLEBLOWER PROTECTION LAW “HOTLINE STATEMENT REPORT”

Please enter all the facts below to the best of your ability. Location

where incident occurred (department, program, district, enterprise):

Physical Address:

City/Community:

State/District:

Zip Code:

Are you a current employee of the Nation, a district or an enterprise? ☐ Yes ☐ No ☐ Former Employee

Do you wish to remain anonymous for this report? ☐ Yes ☐ No

If yes, do not enter any information that may identify you.

An employee may submit a statement describing the facts and information about a misconduct, anonymously, to an official or Legislative Council committee who shall promptly forward the statement to the internal audit section for investigation of misconduct.

### Elected Official or Legislative Council Committee reporting for the anonymous employee

Please enter your name and contact information if you are an elected official or Legislative Council Committee representative who is reporting for the fully anonymous employee:

First Name:

Last Name:

Position:

District/Legislative Committee:

Official's phone number:

Official's email address:

Best time to contact you:

### Employee who prefers to be contacted and does not want to report anonymous

Do you wish to remain anonymous for this report, except for the internal audit team? ☐ Yes ☐ No

If you want the Internal Auditors to know your identity and to contact you, please complete the following:

First Name:

Last Name:

Position:

Department/Program/District/Entity:

Protected Employee phone number:

Protected Employee email address:

Best time to contact you:

### Misconduct Witnessed

Please check the reason for reporting the misconduct. Please check all that apply:

- ☐ 1. Misconduct involving fraud policy defined by 26 T.O.C. Chapter 1, Article 5, Section 1502(G));
- ☐ 2. The violation of an applicable conflict of interest policy or other policy, law, or regulation related to financial corruption, fraud, gross waste of funds, or mismanagement of the assets;
- ☐ 3. An action or practice that violates applicable laws or that violates rules of ethics or conduct;
- ☐ 4. The use of a position within the Nation, a district, or enterprise to obtain any personal or financial benefit, gain, advantage, or privilege to which the individual is not entitled; or
- ☐ 5. Any conduct that creates a danger to public safety or welfare occurring in the Nation, a district, or an enterprise.

### **Please identify the person(s) engaged in this misconduct behavior:**

#1

First Name:

Last Name:

Position:

**Current employee of the Nation, a district or an enterprise?**

☐ Yes

☐ No

☐ Former Employee

Department/Program/District/Entity:

Employee phone number:

Employee email address:

#2

First Name:

Last Name:

Position:

**Current employee of the Nation, a district or an enterprise?**

☐ Yes

☐ No

☐ Former Employee

Department/Program/District/Entity:

Employee phone number:

Employee email address:

#3

First Name:  Last Name:  Position:

Current employee of the Nation, a district or an enterprise? ☐ Yes ☐ No ☐ Former Employee

Department/Program/District/Entity:

Employee phone number:

Employee email address:

Do you suspect or know that a supervisor or management is involved?

☐ Yes

☐ No

☐ Do Not Know

☐ Do not wish to Disclose

If yes, enter the name and title of supervisor or management.

First Name:  Last Name:  Position:

Current employee of the Nation, a district or an enterprise? ☐ Yes ☐ No ☐ Former Employee

Department/Program/District/Entity:

Employee phone number:

Employee email address:

Please identify person(s) who witnessed this misconduct behavior:

#1

First Name:  Last Name:  Position:

Current employee of the Nation, a district or an enterprise? ☐ Yes ☐ No ☐ Former Employee

Department/Program/District/Entity:

Employee phone number:

Employee email address:

#2

First Name:  Last Name:  Position:

Current employee of the Nation, a district or an enterprise? ☐ Yes ☐ No ☐ Former Employee

Department/Program/District/Entity:

Employee phone number:

Employee email address:

**Is management aware of this misconduct?**

☐ Yes

☐ No

☐ Do not Know

☐ Do not wish to disclose

**STATEMENT:** Please describe the misconduct selected above in detail in the box below. The internal auditor may contact you for additional information later. Please take your time and provide all details of misconduct. Describe **What** was the misconduct, **Who** committed the misconduct, **When** did it happen and when did you notice it, **How** long has it been occurring? **Where** did it happen? **Is there any evidence you can provide.** Are there any other parties involved, including witnesses? Do you have any other details or information to assist us in the investigation?

If the misconduct was found in some documentation or business transactions, please indicate the documentation or transaction. Please provide details to locate the documentation or transaction.

Please provide the date and approximate time of this misconduct or in days/weeks ago. (Example: two days/two weeks ago)

How long do you think this misconduct has been going on?

How did you become aware of this misconduct?

Did you bring this misconduct up with the person you are complaining about?

If yes, what did the person tell you about the misconduct and reason why?

If no, did you fear retaliation?

Did you report this misconduct to your supervisor following the chain of command?

If yes, what was his/her response?

If no, why?

Please identify any person who has attempted to conceal this misconduct and the steps they took to conceal it.

First Name:  Last Name:  Position:

Enter Steps: (i.e., ignored it, changed documents, denied it was misconduct, they said they would look into it.)

If you have a document or file that supports your statement, please attach a copy:

**DO NOT ATTACH ANY HIPAA PROTECTED DOCUMENTS! PLEASE CONTACT INTERNAL AUDITOR TO DISCUSS.**

**IMPORTANT NOTE:** Please provide all details regarding the alleged misconduct, including the names and locations of witnesses and any other information that could be valuable in the investigation of this misconduct.

Once you have submitted the report, you will be contacted and issued a case number. Please write this case number down for it will be used to identify the report for follow-up.

**THANK YOU FOR YOUR HELP IN IMPROVING AND MAINTAINING ETHICAL BEHAVIOR IN OUR WORK PLACE.**

**Note:** If this form was downloaded from the Treasurer's Office Portal, please email completed form to [Whistleblower@tonation-nsn.gov](mailto:Whistleblower@tonation-nsn.gov).

If you prefer to mail the form, please mail to **Drew Stevens, Internal Audit Section, Office of the Treasurer, Tohono O'odham Nation, P.O. Box 837, Sells, AZ 85634**

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**For Official use only:**

Person receiving report:

**DATE OF REPORT:**

**TIME:**

**CASE #:**

**EMPLOYEE REPORTING MECHANISM USED:**

☐ WEBSITE

☐ PHONE

☐ EMAIL

☐ US MAIL

☐ WALK-IN INTAKE

☐ DROP OFF

☐ OFFICIAL