

# TOHONO O'ODHAM NATION

## Office of the Treasurer

### Internal Audit Function

#### WHISTLEBLOWER PROTECTION LAW "HOTLINE STATEMENT REPORT"

Please enter all the facts below to the best of your ability and only to what is applicable to your report.

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 function 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 on behalf of 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 fully 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:

If applicable, please identify person(s) who may have 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? ☐ Yes ☐ No

If yes, what was their response?

What was the outcome? (i.e., shorted hours, denied leave)

If no, did you fear retaliation? ☐ Yes ☐ No

Did you report this misconduct to your supervisor following the chain of command? ☐ Yes ☐ No

If yes, what was their 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.)

## IMPORTANT

If you report anonymously without an elected official or Legislative Council Committee representative, who is reporting, on behalf of the fully anonymous employee, the internal auditor will not be able to make contact with you requesting for additional relevant information and you will not receive investigative process notifications and results of the investigation.

**Protection from Retaliation.** The employee reporting misconduct is protected from retaliation and has the right to remedies, including, grievance rights under applicable personnel policies, if a protected employee alleges a retaliatory action, the protected employee may also (1) file an administrative appeal with the OAA; or (2) file an action in the Tohono O'odham Judicial Court.

**False Claims.** Any employee who the OAA or Judicial Court finds knowingly made a false statement under the provisions of this Chapter may be subject to disciplinary action by his or her employer up to and including termination.

If you have a document or file that supports your statement, please attach a copy. DO NOT ATTACH ANY HIPAA PROTECTED HEALTH INFORMATION AND PERSONALLY IDENTIFIABLE INFORMATION! PLEASE CONTACT INTERNAL AUDITOR TO DISCUSS.

**SUBMITTING THE REPORT:** Please save the report with your name, including any attachments. You have the option to upload the report and any attachments into the whistleblower website at [www.tonation-nsn.gov/whistleblower/](http://www.tonation-nsn.gov/whistleblower/) by clicking on **Choose File** for each file, and then click on **SUBMIT**.

Alternatively, you can email the report and any attachments to [Whistleblower@tonation-nsn.gov](mailto:Whistleblower@tonation-nsn.gov). If you prefer to mail the form, please mail to **Internal Audit Function, Office of the Treasurer, Tohono O'odham Nation, P.O. Box 837, Sells, AZ 85634**

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**For Official use only:**

Internal Auditor receiving the report:

**DATE OF REPORT:**

**TIME:**

**CASE #:**

**THE EMPLOYEE OR ELECTED OFFICIAL REPORTING USED THE FOLLOWING INTAKE MECHANISM:**

☐ WEBSITE ☐ PHONE ☐ EMAIL ☐ US MAIL ☐ WALK-IN ☐ DROP OFF ☐ ELECTED OFFICIAL