Anonymous Reporting Form

Please use this form to file a complaint with FamilyWise’s Executive Director. You have the right to submit this form with your contact information or anonymously.

Return form, typed or printed, to:

“Ann Gaasch (CONFIDENTIAL)” via

Mail  Fax  Email
FamilyWise  612.617.0193  AGaasch@FamilyWiseServices.org
3036 University Ave SE
Minneapolis, MN 55414-3316

Federal Law provides various protections and remedies for individuals so they may make good faith complaints and participate in an investigation without fear of retaliation.

Please identify the nature of your complaint:

<table>
<thead>
<tr>
<th>Complaint Type</th>
<th>Mark with an “X”:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fraud</td>
<td></td>
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<tr>
<td>Theft</td>
<td></td>
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<tr>
<td>Financial misconduct</td>
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<tr>
<td>Sexual harassment</td>
<td></td>
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<tr>
<td>0EEOC/MN Dept. of Human Rights (discrimination on basis of race, color, creed, religion, national origin, sex, sexual orientation, marital status, physical or mental disability, receipt of public assistance and age)</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</table>

Provide a detailed description of your complaint.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
When did the incident occur, is it ongoing?
(Exact dates and times are better than a broad range like "last year".)

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Please provide names or detailed descriptions of those involved.
(If unknown, give title or anything else that can be used to identify.)

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Where did the incident(s) occur?
(Example: 3036 University Ave SE, Second Floor, Group Room 4)

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

How did you become aware of this activity?
(Did you witness the incident(s) or hear about it afterwards?)

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Are there any other witnesses and how can they be contacted?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
Please list (and attach, if available) any documentation or other evidence that will assist in the resolution of this complaint.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is/are the subject(s) of this complaint aware of these allegations?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please provide any additional information that may assist in the resolution of this complaint.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

NOT REQUIRED: Please provide your contact information so we can inform you of the status of the complaint.

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________________________________________________________________________

________________________________________________________________________

Please return this form, and any additional documentation, using the instructions at the top of the first page.