

Whistleblower Policy (1)

I have received and read information regarding Your Organization Whistleblower Policies and the resulting TeleSentry Hotline. I understand that his hotline is available for me to report any issues or concerns that I might have relating to audit or accounting practices. The Hotline is available to me to use at anytime, 24 hours per day, 7 days per week. I understand the TeleSentry will create an intake call sheet that will contain all pertinent information relayed by me and will make best efforts to eliminate and information that might jeopardize my anonymity.

Signature: _____

Date: _____

Printed Name: _____

Employee ID number : _____

AFTER THIS FORM IS SIGNED PLEASE FAX TO TELESENTRY AT 866 (XXX)-XXXX

Whistleblower Policy(2)

As a part of Your Organization continuing desire to comply with all lawful and ethical business practices Your Organization consistent with recent IRS reform legislation has adopted a Policy and Procedure for reporting of complaints and concerns regarding its accounting, internal accounting controls and auditing matters.

Company Policy

Your Organization encourages employees to promptly report all such complaints or concerns. Toward this end, Your Organization has retained the services of a firm to administer a 24-hour hotline, available every day of the year, that will provide for the anonymous reporting of any complaints and concerns concerning Your Organization accounting, internal accounting controls and auditing matters.

Procedure for Use of the Anonymous Reporting Hotline

To report your concerns about accounting, internal accounting controls and auditing matters through the hotline, employees and consultants should follow this procedure:

- 1) Dial 1.--- --- ----- (toll free) to be connected to a trained intake specialist.
- 2) Give the intake specialist the company name (Your Organization)
- 3) You will be offered the option of assigning a personal information number (PIN) or password, which you will select. This will enable you to call back and add information specific to your report or retrieve any responses from &Your Organization .
- 4) The intake specialist will ask you for a detailed description of the factual basis for your complaint or concern. This is necessary to ensure Your Organization sufficient information to conduct an appropriate investigation, if necessary.

The anonymous report will be forwarded to Your Organization's _____ for their investigation and response. You may call the toll free number again (use your password) to provide any additional information, or retrieve responses or questions about your report.

Non-Retaliation Policy

While complaints and concerns regarding questionable accounting or auditing matters may be made on an anonymous basis, employees are encouraged to assign a password to their report so that can communicate with the employee in the event further information is needed to pursue an investigation. In any case, the identity of the employee making a report will be maintained in confidence in accordance with applicable legal



PO Box 161 Westport, CT06881

requirements. will not allow any form of harassment or retaliation to be made against any employee for any such reports made in good faith.

By signing below, I acknowledge that I have received a copy of the company's policy and reporting procedures.

Signature: _____

Date: _____

Printed Name: _____

Employee ID number : _____

AFTER THIS FORM IS SIGNED PLEASE FAX TO TELESENTRY AT 866 (XXX)-XXXX