

Whistleblower Complaint Form

The Board of Directors of Access Federal Credit Union (“Access”) is committed to operating with high standards of ethical, moral, and legal business conduct. Access strives to maintain an environment of open communication in which all current and former employees and contingent workers, including independent contractors, of Access feel comfortable bringing to management or the Board’s attention conduct, procedures, or practices that are not in compliance with applicable federal, state, and local statutes, ordinances, executive orders, rules, regulations, judicial or administrative decisions, rulings or orders, and Access policies. Covered Persons are expected to maintain high standards of business and personal ethics in the conduct of their duties and responsibilities, and demonstrate honesty, integrity, and compliance with the foregoing. The Board of Directors has a similar policy pertaining to volunteers.

Access recognizes that it is critical to maintain a culture that promotes prevention, detection, and resolution of instances of Covered Conduct. To promote this culture, Access has established this Whistleblower Policy to provide an avenue for all current and former employees and contingent workers, including independent contractors, to make a report of Covered Conduct in good faith without fear of reprisal or retaliation. Access intends to honor this policy and the procedures set forth below but reserves the right to change this policy and the procedures at any time, with or without notice, at its sole discretion. This Whistleblower Policy is intended to supplement but not replace or supersede any applicable federal and state laws and regulations governing whistleblower protection.

To file a complaint, fill out the form below, please email this form to: jkowalczyk@accessfcu.org or you can mail it (“marked confidential”) to

Access Federal Credit Union
Judith S. Kowalczyk
Assistant Vice President of Human Resources
6 Franklin Ave.
Clinton, New York 13323

If you have additional questions, please contact jkowalczyk@accessfcu.org

Whistleblower Complaint Form

Reporter's Contact Information (Not Required)	
Name:	Position:
Employer:	Work Location:
Home Address:	Phone Number:
Suspect(s) Information	
Name:	Position:
Work Location:	Phone:
Witness(es) Please provide witnesses that can confirm your allegations	
Name:	Title:
Phone:	Department:
Name:	Title:
Phone:	Department:
<p>Complaint: Briefly describe the improper activity and how you know about it. Specify what, Who, when, where, and how. If there is more than one allegation, number each allegation, use as many pages as necessary.</p>	
What wrongdoing occurred?	
Who did the wrongdoing?	
When did this occur?	
Where did this happen (Location)?	
What enabled this to happen (How)?	
<p>Evidence: Please describe how AFCU investigator could locate supporting documentation or attach a copy of evidence that you have already in your possession. You should NOT ATTEMPT TO OBTAIN evidence for which you do not have a right to access, as such, whistleblowers" are "reporting parties" not investigators.</p>	