

AAMI Whistleblower Policy Report

Individuals may use this form to report violations or suspected violations of American Academy McAllister Institute of Funeral Service, Inc. ("AAMI") Whistleblower Policy. All reports will be kept confidential to the extent consistent with investigatory procedures and applicable law. Although you may make a report anonymously, you are encouraged to provide your name and contact information.

1. Name and contact information of individual making a report pursuant to the Whistleblower Policy:

Name

Address Line 1

Address Line 2

Telephone Number

E-mail Address

2. Reporting individual's position with AAMI:

☐ Director ☐ Officer ☐ Employee ☐ Independent Contractor ☐ Volunteer

3. Please describe the action(s) or suspected action(s) taken by, or within, AAMI that are illegal, fraudulent or in violation of adopted corporate policies or ethical standards. Include, to the extent available, names of individuals involved and the dates and times the actions or suspected actions occurred and the location at which the actions or suspected actions occurred. Please attach additional sheets if further explanation is required and to provide documentation or records with respect to the actions or suspected actions.

This report is being submitted by the undersigned person on the date set forth next to his or her signature.

Dated: _____

Name _____