

## Shelby County Illinois Whistleblower Policy

This policy is pursuant to 740 ILCS 174, The Whistleblower Act. A whistleblower as defined by this policy is an employee, volunteer, appointed or elected official of Shelby County who reports an activity that the person considers to be illegal or dishonest to one or more of the parties specified in this policy. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures; appropriate management officials are charged with these responsibilities.

Examples of illegal or dishonest activities are violations of federal, state or local laws and other fraudulent financial reporting.

If an employee, volunteer, appointed or elected official of Shelby County has knowledge of or a concern of illegal or dishonest fraudulent activity, the person is to contact his/her immediate supervisor or the State's Attorney. The person must exercise sound judgment to avoid baseless allegations. Any person who intentionally files a false report of wrongdoing will be subject to discipline.

Whistleblower protections are provided in two important areas -- confidentiality and against retaliation. Insofar as possible, the confidentiality of the whistleblower will be maintained. However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense. Shelby County will not retaliate against a whistleblower. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, or poor work assignments and threats of physical harm. Any whistleblower who believes they are being retaliated against must contact the State's Attorney immediately. The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

All reports of illegal and dishonest activities will be promptly submitted to the State's Attorney who is responsible for investigating and coordinating corrective action.

Employees, volunteers, appointed or elected officials with any questions regarding this policy should contact the State's Attorney.

**Retaliation Against Whistleblower Complaint Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Circumstances:**

These events or circumstances could represent a retaliation against a Whistleblower.

Please describe the event(s).

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Date(s) the event(s) occurred \_\_\_\_\_

Location(s) this occurred \_\_\_\_\_

Who do you believe acted wrongly? \_\_\_\_\_

Names and contact information of any witness:

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Signature of Complainant \_\_\_\_\_ Date \_\_\_\_\_

**Shelby County State's Attorney**

[statesattorney@shelbycounty-il.gov](mailto:statesattorney@shelbycounty-il.gov)

301 E. Main St.

Shelbyville, IL 62565