

My Name (optional):

Phone (optional):

E-mail (optional):

Chautauqua Patrons Insurance Company
Ethics Complaint Form

Please return completed form to any Vice President, or the Executive Vice President/CEO, or the Chairman of the Board of Directors. (Mailing address: Chautauqua Patrons Insurance Company, 529 West Third Street, Jamestown, NY 14701)

Brief description of the ethics matter:

When did this occur?

Where did this occur?

List any witnesses:

My relationship to the individual (s) suspected of unlawful or improper activity (optional):

Have you faced any retaliation for making this complaint?

May we contact you if we have more questions, in order to investigate?

Chautauqua Patrons Insurance Company considers it a duty as a responsible employer to practice the philosophy of equal employment opportunity through our actions. Thus, we will recruit, hire, train and promote persons in all job classifications solely on the basis of their qualifications, without regard to race, color, religion, creed, sex, age, national origin, citizenship status, disability, veteran status, military status, marital status, sexual orientation, pregnancy, arrest records, domestic violence victim status, predisposing genetic characteristics or genetic information, or any other category protected by law. We will also strictly adhere to this policy of equal opportunity in all matters of human resource administration, including compensation, transfer, disciplinary actions and all other personnel actions. We require all our employees, agents, and/or representatives to comply with this Policy in our own business, and in the organizations we serve.