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| **Whistle-Blower Report Form** | |
| **Whistle-blower’s details**  The identity of the whistle-blower shall be kept confidential to the extent possible to meet the needs of investigation. | |
| Name, Designation, Department/Charity, Contact number and E-mail address | |
| Can you be contacted for more information? | |
| Alleged Party’s details | |
| Name, Designation, Department, Contact number and E-mail address | |
| Witness’ details (If any) | |
| Name, Designation, Department/Charity, Contact number and E-mail address | |
| Concern/Complaint  Describe the misconduct and how you have come to know about it. | |
| 1. What misconduct occurred? | |
| 1. Who committed the misconduct? | |
| 1. When did it happen and when did you notice it? | |
| 1. Where did it happen? | |
| 1. Have you approached the person? If yes, what did he say? | |
| 1. Is there any evidence that you could provide us? | |
| 1. Were other people involved? If yes, who are they? | |
| 1. Do you have any other details or information which would assist us in the investigation? | |
| 1. Have you reported the incident internally or through any other channels? If yes, to whom have you made the report? | |
| Date: | Signature: |