

**WHISTLEBLOWER FORM**

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| --- | --- | --- | --- |
| **Date:** | Click here to enter a date. | **Name*:*** | Click here to enter a date. |
| **Phone:** | Click here to enter a date. | **E-mail:** | Click here to enter a date. |

Contact information is optional, however, we will need this information if you would like us to follow up with you.

BBBS Affiliation (*Optional)*

[ ]  Staff [ ]  Board Member [ ]  Volunteer [ ]  Committee Member

|  |
| --- |
| Click here to enter text. |

[ ]  Other

|  |  |
| --- | --- |
| **BBBS Supervisor (if applicable) *Optional:*** | Click here to enter text. |

Big Brothers Big Sisters of South-West Durham and Northumberland (BBBS) will treat all reports made under this policy as confidential to the fullest extent that is consistent with conducting a full and fair investigation. Even if you make a report under this policy and disclose your identity, BBBS will exercise care to keep confidential your identity until a formal investigation is launched. At that point, your identity will be disclosed to other individuals only to the extent necessary to conduct a complete and fair investigation.

|  |  |
| --- | --- |
| **Date you became aware of Reportable Activity (Complaint):** | Click here to enter a date. |

**Describe Reportable Activity:**

|  |
| --- |
| Click here to enter text. |

**Reportable Activity is:**

[ ]  Ongoing [ ]  Completed [ ]  Unclear

Department(s) Suspected of Reportable Activity:

[ ]  Finance / Accounting

[ ]  Fundraising

[ ]  Service Delivery (Programs)

[ ]  Communication / Marketing

[ ]  Administration

[ ]  Management

|  |
| --- |
| Click here to enter text. |

[ ]  Other

**Individual (s) Suspected of Reportable Activity**:

|  |
| --- |
| Click here to enter text. |

**How did you become aware of the Reportable Activity?**

|  |
| --- |
| Click here to enter text. |

**Describe any steps you took prior to completing this Report (e.g. informed a representative of BBBS):**

|  |
| --- |
| Click here to enter text. |

**Name of BBBS Representative Contacted (if applicable):**

|  |
| --- |
| Click here to enter text. |

**When complete mail this form to:**

BBBS South-West Durham and Northumberland

2-157 Harwood Ave N #414

Ajax, ON L1Z 0B6

ATTN: *Executive Director, Board Chair, Vice Chair (select one)*

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