**Whistleblower Complaint Form**

**1. Complainant Information (Optional)**

*You may choose to remain anonymous. However, providing contact information may help with follow-up.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Job Title / Position:** |  | **Department:** |  |
| **Phone Number:** |  | **Email:** |  |
| **Preferred Method of Contact:** | ☐ Phone ☐ Email ☐ None | | |

**2. Complaint Type**

*Select the nature of the wrongdoing you are reporting.*

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Fraud or corruption | ☐ Financial misconduct | ☐ Bribery or kickbacks | ☐ Policy violation |
| ☐ Conflict of interest | ☐ Abuse of authority | ☐ Safety or compliance breach | ☐ Harassment or discrimination |
| ☐ Misuse of company assets | ☐ Other (specify): |  |  |

**3. Description of the Incident**

Provide clear and detailed information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) of Incident:** |  | **Location:** |  |
| **Individuals Involved (if known):** |  | | |

**Detailed Description:**  
(Explain what happened, how it happened, and the sequence of events.)

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**4. Evidence or Documentation**

List any evidence you have or can provide.

☐ Emails  
☐ Photos / Screenshots  
☐ Documents / Files  
☐ Audio / Video  
☐ Witness statements  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Evidence:**

|  |
| --- |
|  |
|  |

*Attach files if submitting digitally.*

**5. Witnesses (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s):** |  | | |
| **Contact (if known):** |  | **Role / Relationship:** |  |

**6. Prior Reporting**

Have you previously reported this issue?

☐ Yes  
☐ No

If **yes**, provide details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Person/Department Reported To:** |  |
| **Outcome:** |  | | |

**7. Desired Outcome or Action Requested**

(What would you like the organization to do?)

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| --- |
|  |
|  |

**8. Confidentiality Preference**

☐ I want my identity to remain confidential.  
☐ I agree to disclose my identity if required during the investigation.  
☐ I am submitting anonymously.

**9. Declaration**

I declare that the information provided is accurate to the best of my knowledge and submitted in good faith.

**Signature (Optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_