

**Whistle Blower Initial Report Form**

**A. First Point of Contact**

* In Person – Name………………… Position…………………Date………………….
* Telephone Yes/No
* Email Yes/No
* Letter Yes/No
* Date ………………………
* To Whom –

Director Qualification Division Yes/No or

The Chief Compliance Officer Yes/No or

………………………………………………….

* Governing Body – Directors Name………………………….

**B. What is the Concern?**

* Be as clear as possible about what the concern is and to whom and what it relates. You may also want to discuss the concern with others to see if it is shared.
* Be as clear as possible about who may-be involved, when and where actions may have taken place. Please ensure the facts are recorded i.e. record the dates and times in a diary. This way you can be clear about what has actually been heard or seen and when, rather than rely on memory or hearsay.
* Ensure you ask for your concerns to be dealt with under this procedure.

**C. NISQ D10 Whistle Blower Policy**

* Is the person raising the concern aware of the NISQ Policy Yes/No?
* Has a copy or is Being Sent a Copy Yes/No How is it being Sent…………

**D. Special Note to Person Raising Concern – Extract from NISQ D10 However you wish to express your concern, by telephone or in person, you will:**

* Raising a concern with malicious intent or for personal gain or the gain of others is not acceptable and may lead to disciplinary action under the NISQ ’s Disciplinary Policy.
* Receive an acknowledgement of your concerns within five working days of notifying the investigating person to whom you have expressed the concern (this can be sent to your home address);
* The investigating person will then decide how to progress your concern. This may mean undertaking an investigation. This does not mean that the concern is either true or untrue but will help to assess the gravity of the complaint and establish the facts. It could be possible that concerns raised may be the result of a misunderstanding or an authorised change in practice.

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| --- |
| Concern – |

**Within ten working days of making your concerns known you will either:**

* Have a confidential meeting with the investigating person to discuss further your concerns; or
* Have received, in writing, an outline of how the investigating person intends to deal with the concerns raised.

Concern Noted By. Name……………………………. Position………………………………Date……………………

Countersigned by Person Making Concern………………………. Date………………….

**Action Taken**

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