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| **Please provide information below (\* Required fields) and note that by submitting this report, you agree to the following Terms and Conditions:**  DO NOT USE THIS REPORT AS AN EMERGENCY HOTLINE. TO REPORT IMMEDIATE THREATS TO LIFE OR PROPERTY, PLEASE CALL LOCAL EMERGENCY SERVICES.  **Privacy**  The Chair of the Audit and Finance Committee values your right to privacy on all reported information and will not knowingly disclose any information that would identify you without your express permission. If you wish to remain anonymous, please do not report information in a manner that may personally identify you.  **Acknowledgement**  The Chair of the Audit and Finance Committee considers the reports that you submit very important and we respect your choice to come forward and report. Please make your report as accurate and truthful as possible. Do not intentionally include false or misleading information in your report as this can result in civil or criminal liability. | | |
| 1. | \*Type of report: | Initial  Follow-up |
| 2. | \*Violation Type - Please select one of the following choices that best fits your issue. | |
| **Accounting, Internal Accounting Controls, or Auditing Matters:** Questionable practices relating to accounting, books and records, auditing or internal financial controls (eg, misapplication of Generally Accepted Accounting Principles (GAAP), wrongful accounting transactions, inappropriate reporting of expenses or time reporting).  **Conflict of Interest:** Infringement of RHI’s Conflict of Interest Policy (eg, continuing to act while in a real or perceived conflict of interest).  **Disclosure of Confidential Information:** Improper disclosure, use and/or dissemination of RHI, grantee or other external party confidential information.  **Discrimination:** Discrimination against a person on any unlawful basis, including race, color, creed, religion, sex, sexual orientation, age, national origin, citizenship, veteran or marital status, disability or any other basis protected by law.  **Falsification of Documents and Records:** Altering, fabricating, falsifying, or forging all or any part of a document, contract or record (including submitting false receipts).  **Gifts and Entertainment:** Inappropriate offering, solicitation or accepting of items of more than nominal value (>$250) to or from RHI personnel, vendors, grantees or other external parties in violation of law or RHI's Conflict of Interest Policy.  **Grantee's Improper Use of Grant Funds:** Failure by a grantee to use funds appropriately or for the purposes of the grant under the terms of the grantee's grant agreement or failure by a grantee to accurately or completely report grantee's use of funds.  **Law, Regulation, or Policy Violation:** Behaviour that violates applicable laws, regulations or policies (including those of RHI).  **Improper Supplier or Contractor Activity:** Improper supplier or contractor selection based on personal gain or benefit; diversion of contract payments; improper use of RHI resources (funds, intellectual property, other property) by an RHI supplier or contractor.  **Retaliation:** Retaliatory behavior towards, or harassment of, an individual due to that individual's good faith report regarding an issue relating to RHI.  **Sabotage or Vandalism:** Destruction of RHI property, including facilities and computer systems.  **Theft (Larceny, Burglary, Robbery, Embezzlement or Unauthorized Use):** Unlawfully taking, removing or misusing RHI or RHI personnel’s personal property or funds without proper authorization; unauthorized use of property.  **Unsafe Working Conditions:** Failure to comply with safety requirements or creation of unsafe and/or unhealthy working conditions.  **Other:** If you feel that the choices above do not describe the event, action or situation you are looking to report about, please select this one. | |
| 3. | What is your relationship to RHI? | Employee  Contractor  Non-Employee/Contractor |
| 4. | \*Do you wish to remain ANONYMOUS for this report? | Yes  No |
| If you want RHI to know your identity, please complete the following: | |
| Your first and last name: |  |
| Your phone number: |  |
| Your e-mail address: |  |
| Best time for communication with you: |  |
| If you do provide your identity, do you wish your identity to be kept CONFIDENTIAL? | Yes  No |
| 5. | \*Please identify the person(s) engaged in the wrongdoing.  *(Provide their name and/or job title or write Unknown.)* |  |
| 6. | Do you suspect or know that a supervisor or management is involved and/or aware of the problem? | Yes  No  Do not know / Do not wish to disclose |
| If yes, please specify who?  *(Provide their name and/or title. Note that any persons mentioned here will be restricted from access to this reported information.)* |  |
| **Incident Details** | | |
| 7. | Please provide a brief one or two sentence summary of the matter.  *(General description only, you will be asked for specifics later.)* |  |
| 8. | Where did this incident or violation occur?*(We recognize that this incident may not have occurred in a particular location. However, if this incident was observed in some documentation or business transactions, please indicate this accordingly.)* |  |
| 9. | Please provide the specific or approximate time this incident occurred.  *(Examples: Tuesday, May 3, 2002; Two weeks ago; Approximately a month ago)* |  |
| 10. | \*How long do you think this problem has been going on? | Once  One week  1-3 months  More than a year  I don’t know |
| 11. | \*How did you become aware of this violation? | It happened to me  I observed it  I heard it  Told to me by a co-worker  Told to me by someone outside RHI  Overheard it  Accidently found a document or file  Other, ie: |
| 12. | Please identify any persons who have attempted to conceal this problem and the steps they took to conceal it.  *(Please identify by name and title.*  *Examples: Ignored it; Changed documents; Said it was not a problem; Said they would look into it)* |  |
| 13. | If you have (a) document/file(s) that support your report, please attach it. | Attachment provided  No attachment |
| 14. | \*Please provide all accurate details regarding the alleged violation, including the locations of witnesses and any other information that could be valuable in the evaluation and ultimate resolution of this situation.  *(Please take your time and provide as much detail as possible, but exercise care to not provide details that may reveal your identity unless you wish to do so. Do not include for example your relationship to persons identified in your report. Also be aware of your writing style which might reveal your identity. It may be important to know if you are the only person aware of this situation.)* |  |
| 15. | Additional comments/information: |  |

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| **FOR CHAIR OF THE AFC USE ONLY** | | |
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| Received by/Date: | |  |
| Date of acknowledgement of receipt[[1]](#footnote-1) to the whistleblower: | |  |
|  | |  |
| Whistleblower Report No.: |  | |
| Name: |  | |
| Date: |  | |

1. *As per the Whistleblower Policy and Procedures, to be done within five business days.* [↑](#footnote-ref-1)