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| **SECTION A: CONSENT** |
|[ ]  I consent to my identity being shared in relation to this disclosure; OR  |
|[ ]  I wish for my identity to remain anonymous *(****If you wish to remain anonymous, you do not need to complete section B and Section C)*** |
|[ ]  I consent to being contacted about my disclosure(***If so, please complete Section C***) |
|[ ]  I wish to receive updates about my disclosure(***If so, please complete Section C***) |
| **SECTION B: PERSONAL DETAILS** |
| **Name:** |  |
| **Address:** |  |
| **Department / Team (if applicable):** |  |
| **Role / Position:** |  |
| **SECTION C: CONTACT DETAILS**  |
| **Preferred telephone no:** (*this may be a private number; please include country and area code*) |  |
| **Preferred email address:**(*this may be a private email address*) |  |
| **Preferred contact method:** (*phone / email / in person*) | [ ]  Phone[ ]  Email[ ]  Mail[ ]  In person |
| **Best time to contact you:** |  |
| **SECTION D: DISCLOSURE****All questions are optional – however, the more information that you provide, the easier it will be for us to investigate and address your concerns.** |
|  | A description of your concerns, including:* *Location*
* *Time*
* *Persons involved*

(*You are encouraged to include with this disclosure any supporting evidence you may hold – you can use box 7 or a separate page if you run out of space*) |  |
|  | How did you become aware of the situation? |  |
|  | Who was involved in the conduct, including any names, departments and position? |  |
|  | Does anyone else know about the matters you are concerned about? (*If yes, please describe any steps you have taken to report or resolve your concern and the outcome, if applicable*) |  |
|  | Do you have any concerns about you or any other person being discriminated against or unfairly treated because of this disclosure? |  |
|  | Do you think the reported conduct might happen again? |  |
|  | Please include any other details which you believe are relevant |  |