

PA-09.01 Whistleblower Report Form

Association for Workplace Tragedy Family Support - Threads of Life, will treat all disclosures in a confidential and sensitive manner. The process has been designed so as to protect your identity when communicating your concern. This Whistleblower Form allows you the opportunity to provide your name and contact information as this information may assist us in investigating your concern. Should you not wish to provide your name, reported incidents will still be accepted and investigated, as appropriate.

Instructions

Please provide as much detail as possible. If you wish to remain anonymous, do not include your relationship to persons identified in your report or your location relative to persons or incidents in your report. You can submit this form electronically (by emailing this completed form to whistleblower@threadsoflife.ca) or by printing your completed form and mailing to Threads of Life, PO Box 9066, 1795 Ernest Ave, London, Ontario, N6E 2V0 Attn: Executive Director - CONFIDENTIAL. A copy of the Whistleblower form received will be provided to the Chair of the Board and Executive Director.

Please provide details with respect to the location of the incident (eg. region, specific location, and department).

Please describe the nature of your concern regarding financial and/or operational matters. Include sufficient information for an independent person to understand the concern and to enable further investigation.
Please state the full name(s) and title(s) of individuals whom you suspect of wrongdoing.
How many times has this incident taken place (if applicable)?
How long has this incident been taking place (if applicable)?
Would you like to arrange a meeting/telephone call to discuss this matter? Please note that this option is only open to individuals who chose to provide their name and contact information below. If you are not willing to provide your name and contact information, please leave blank.