

## **Whistleblower Form and Policy**

The Ridgetown Area Adult Activity Centre is committed to operating with integrity and transparency. The Centre has created a whistleblower form to ensure accountability in all areas of our operations. This form enables the Centre to investigate and report any suspected wrongdoings.

The form is made public on our website, so that our members, the public, volunteers, the Board of Directors, staff, contractors can report suspected unethical, illegal, or unsafe conduct, violations of internal policies, and mismanagement of corporate and charity resources.

**To submit the form, print and complete this form and place in an envelope marked “confidential” and attention to Chair, Board of Directors. You can mail it or drop it off to staff or the front desk. You can also request a copy of the form and an envelope at the front desk.**

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### **Whistleblower Form**

Date of the incident: \_\_\_\_\_

Time of the incident: \_\_\_\_\_

Location of the incident: \_\_\_\_\_

**What is the nature of your concern?** Please describe it in detail, to ensure there is adequate information to support an investigation.

**Please list the names and position (if applicable) of the individuals whom you suspect of wrongdoing:**

**When did you first observe or learn of the incident?**

**Are you aware of any other witnesses of the incident?** If so, please list their full names and positions within the organization (if applicable)

**How many times has the incident taken place?**

**How long has this incident/concern been going on for?**

**Have you reported this incident to anyone else within the organization?**

**What other relevant information would you like to provide about this incident?**

**(Optional) Would you be willing to provide your name and contact information? If yes, please list it below:**

**(Optional) Would you like to have a meeting/phone call with the designated internal investigating lead (Chair, Board of Directors)?**

Please note this option is only available if you share your name and contact information.