ETL Whistleblowing Form

Form for raising a whistleblowing concern

This form is intended for use by employees, contractors, subcontractors, suppliers and volunteers of ETL Systems Ltd who want to raise a concern about wrongdoing. This form should be used to report wrongdoing within or connected to the organization that you believe is in the public interest.

If your concern relates to a personal complaint that is not in the public interest (for example, an allegation of bullying or harassment, or that your contract of employment has been breached), you should raise it under our separate grievance procedure or other relevant procedure. If you are unsure about whether your concerns are best dealt with under the whistleblowing policy or grievance procedure, please speak to the HR people team for further advice.

This form should be completed and delivered to either the Finance Director or HR Director in an envelope marked "confidential" or sent as an email attachment with "confidential" in the subject line.

Once you have submitted this form, we will invoke the procedure set out in our *whistleblowing policy*. We will respect your wish for confidentiality as far as this is possible.

Formal whistleblowing concern	
Name:	
Job title:	
Department/team:	
Date:	
Summary of your concern:	
Please set out your concern with as much detail as possible, including the date, time, location, the identities of those involved in the wrongdoing and details of any witnesses. You may attach additional sheets if required.	
Nature of your concern:	
Please detail if your concern is about a potential: criminal offence; failure to comply with a legal obligation; miscarriage of justice; risk to the health and safety of an individual; damage to the environment; or attempt to cover up any of these.	

Outcome requested:
Please set out how you would like to see the issue dealt with, and why and how you believe that this will resolve the issue.
Declaration:
I confirm that the above statements are true to the best of my knowledge, information and belief. I understand that, if I knowingly make any false allegations, this may result in disciplinary action being taken against me by the company.

Form completed by:	
Signature:	
For completion by the company:	
Date form received by the company:	
Name of recipient and job role:	
Signature:	