

# CONFIDENTIAL DISCLOSURE REPORT FORM

NIRSA will treat all Disclosures by Whistleblowers as confidential and privileged to the fullest extent permitted by law. NIRSA will exercise particular care to keep confidential the identity of any Affected Person making a Disclosure under this procedure until a formal investigation is launched. Thereafter, the identity of the Affected Person making the Disclosure may be kept confidential, if requested, unless such confidentiality is incompatible with a fair investigation, unless there is an overriding reason for identifying or otherwise disclosing the identity of the Whistleblower or unless such disclosure is required by law. In this instance, the Affected Person making the Disclosure will be so informed in advance of his or her being identified with the Disclosure. Where disciplinary proceedings are invoked against any individual following a Disclosure under this procedure, NIRSA will normally require the name of the person making the Disclosure to be disclosed to the person subject to such proceedings.

NIRSA encourages individuals to put their name to any Disclosure they make, but any Affected Person may also make anonymous Disclosure. In responding to an anonymous Disclosure, NIRSA will pay due regard to fairness to any individual named in the Disclosure, the seriousness of the issue raised, the credibility of the information or allegations in the Disclosure and the prospects of an effective investigation and discovery of evidence.

Investigations will be conducted as quickly as possible, taking into account the nature and complexity of the Disclosure and the issues raised therein.

## Contact Information

Name \_\_\_\_\_

Telephone/Email \_\_\_\_\_

Do you wish to be contacted by the investigating officers regarding the status of the investigation?  Yes  No

## Report

1. Individual(s) suspected of violation: \_\_\_\_\_

2. Date Complainant became aware of potential violation: \_\_\_\_\_

3. Date of this report: \_\_\_\_\_

4. Type of Violation:  Legal  
 Accounting/Auditing  
 Retaliation

5. Violation is:  Ongoing  
 Completed  
 Unclear which

6. Describe the relevant facts of the violation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How did Complainant become aware of the violation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Actions taken by Complainant prior to contact:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Who, if anyone, may be harmed or affected by the violation?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Provide any suggestions for remedying the violation:  
\_\_\_\_\_  
\_\_\_\_\_