



HITRANS Whistle Blowing Form

Strictly Confidential

Use the tab key in order to move between fields. The form may then be saved and printed or emailed.

Name		Date of Complaint:	
Do you wish your name to remain confidential as far as possible?	YES/NO		

Initial Contact Details

1. Please contact me at home in writing only.

Home Address

OR

2. Please contact me by telephone only. The usual hours when I can be contacted on this number are:

Telephone Number:

Hours Available:

Details of Concern:

Put in here a summary of your concern. You should say what your concern is; whom is involved; why you are concerned; when did the concern arise; if there are other people who can verify your concern. Continue on a separate page if you wish.

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Signature:	(Date)
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Please send this form to the Partnership Director, unless s/he is the subject of complaint, when it should be sent to the Head of Internal Audit and Risk Management at The Highland Council.

You will be contacted by a senior member of staff, who will confirm the process to be followed and agree how you are to be contacted in future. Whilst we shall try to keep your name as confidential as possible, please be aware that it may well be necessary to reveal it as part of the investigatory process.

Signature of Recipient of Concern:	(Date)
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Summary of Immediate Action Taken By Recipient:	