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**PROTECTED DISCLOSURES OF INFORMATION FORM**

**1. Name of worker making the disclosure**

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**2. Job title**

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**Department**

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**Name and address of organisation**

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**3. Please provide contact details at which the Authorised Person may contact you:**

**Address.**

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**Tel no.** .................................................................................

**E-mail** .................................................................................

**Signature** .................................................................................

**Date** .................................................................................



**4. Details of the disclosure (care should be taken to only include the name(s) of individual(s) directly relevant to the report)**

Details that should be included in a disclosure

* type of wrongdoing in accordance with the provisions of legislation (if known)
* the date of the alleged wrongdoing (if known) or the date the alleged wrongdoing commenced or was identified;
* whether or not the alleged wrongdoing is still ongoing;
* whether the alleged wrongdoing has already been disclosed and if so, to whom, when, and what action was taken;
* information in respect of the alleged wrongdoing (what is occurring/has occurred and how) and any supporting information;
* Any other relevant information**.**

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*\*Please add additional pages if necessary*

**Completed forms should be returned to:**

**HSE, Office of the Authorised Person, PO Box 11571, Dublin 2**

For further information please contact The Office of the Authorised Person

Tel: 071 98 34651

**E-mail** [**protected.disclosures@hse.ie**](mailto:protected.disclosures@hse.ie) **.**

*\*Office hours are 10am to 1pm and 2pm to 5pm Monday to Friday*