

#### PROTECTED DISCLOSURES REPORTING FORM

The HSE welcomes workers making protected disclosures under the Protected Disclosures Act 2014. Where possible, this form should be used for making a protected disclosure.

Before completing this form, a worker should:

- a) Consider whether what is being disclosed is a protected disclosure and whether the HSE's Protected Disclosures Procedures (the "Procedures") are relevant and applicable or whether another HSE policy (such as the Grievance Procedure/Dignity at Work Policy) is applicable.
- b) Ensure that she/he has a reasonable belief that the information being disclosed tends to show one or more relevant wrongdoings, as set out in paragraph 4.6 of the Procedures.

| 1. Name of worker making the disclosure |   |
|---|---|
| 2. Job title                            |   |
| 3. Department                           |   |
| 4. Name and ad                          | dress of organisation   |
|   |   |
|   |   |
|   |   |
| 5. Please provid                        | e contact details at which the Authorised Person may contact you: |
| Address.                                |   |
|   |   |
| Tel no.:                                |   |
| E-mail:                                 |   |



### 6. Please indicate whether you want your identity protected? YES

## 7. 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. \*Please add additional pages if necessary Signature: Date:



#### Completed forms are to be returned to:

# HSE Office of the Authorised Person, Dr Steevens' Hospital, Dublin 8, D08 W2A8

For further information please contact The Office of the Authorised Person, in confidence

**Tel**: 01 635 2202

E-mail: protected.disclosures@hse.ie

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

or

**Visit our webpage at**: <u>https://www.hse.ie/eng/about/gavd/protected-disclosures</u>