

WHISTLEBLOWER FORM

Instructions: Please provide as much detail as possible. If you wish to remain anonymous, please do not include your name or the relationship to the person(s) identified in the report, or your location relative to the person(s) identified in the report.

You may fill out and submit this form electronically or by mail

- 1) Please provide details with respect to the location of the situation or incident being reported. For example: city, specific location, or department or event location

- 2) Please describe the nature of your concern regarding financial or operational matters.

- 3) Please state the full name(s) and titles of individual(s) whom you suspect of wrongdoing

- 4) How long have you been aware of the situation or incident

5) Would you be willing to provide your name and contact information (optional)

- YES
- NO

If yes, then please provide your name, address and telephone Number.

6) Would you like to arrange a meeting/telephone call with the Board Chair to further discuss this matter? This option is only open to individuals who provide their name

- Yes
- No

Please send or e-mail to:

The Central Okanagan Hospice Association
104-1456 St. Paul Street
Kelowna, B.C. V1Y 2E6
www.hospicecoha.org