

# NIRSA Whistleblower Confidentiality 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.

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 these instances, the Affected Person making the Disclosure will be so informed in advance of being identified in connection 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

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email or Address \_\_\_\_\_

Date of Report \_\_\_\_\_

## Report

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

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

3. Date(s) of the violation: \_\_\_\_\_  
\_\_\_\_\_

4. Type of Violation:  Legal  Accounting/Auditing  Retaliation  Other

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? \_\_\_\_\_

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

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11. Have you discussed the a-lleged violation with anyone else and what if any action did they take? \_\_\_\_\_

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In compliance with our Policy, your identity will be kept as confidential as possible and you will not face any retaliation for making a Good Faith complaint. We will keep you advised at appropriate times of the status of the response to your complaint