**Strictly Confidential**

**Sample Form for Reporting a Protected Disclosure to a prescribed Person under the**

**Procedures for Kilkenny County Council**

|  |  |
| --- | --- |
| **NAME:** |  |
| **AREA OF WORK\*:** |  |
| **CONTACT****DETAILS:** |  |

\* Area of work is optional

1. Please give date of alleged wrongdoing (if known) or date the alleged wrongdoing commenced or was identified:
2. Is the alleged wrongdoing ongoing? Yes No
3. Has the alleged wrongdoing already been disclosed to any member of management or another employee/worker? Yes No
4. If so to whom?
5. If so when, where and what action was taken
6. Please give details of alleged wrongdoing and any supporting information: (what is occurring/has occurred and how)
7. Please give name of the person(s) (if known or applicable) allegedly involved in alleged wrongdoing:
8. Please specify your preferred method of communication in relation to this disclosure.
9. Any other relevant information: