



**CITY OF HAMILTON
REPORT FORM
(Under Whistleblower By-law 19-181)**

(Please copy the form to your own computer. Do not complete it directly on the Corporate S drive.)

Person Reporting the Alleged Wrongdoing

(The Whistleblower By-law guarantees the protection from reprisals of all employees making a report under the Whistleblower By-law)

Full Name: _____ Job Title: _____

Department: _____ City Phone Number: _____

E-mail Address: _____

Work Location: _____
(Street Address)

Person(s) against whom the report of an alleged wrongdoing is being made:

Full Name	Job Title	Department or Work Location
1.		
2.		
3.		

(More names may be included in the Description of the allegation below)

Description of the Allegation *(This is a required field.)*

Use the space below to describe the alleged wrongdoing. If more space is needed, you may use additional pages that must be attached to this form. Ensure that your description answers the following questions: What is the nature of the wrongdoing? Where was it or is it being committed? When did it occur? How and how often has the activity occurred? How is the wrongdoing being committed? How did you discover it? Who else may be aware of the incident (either as a witness or as someone with whom you discussed the incident earlier)?

Please include specific facts and any supporting documentation you have.

I certify that the information contained in this form is true in all respects to the best of my knowledge.

Signature Date

FOR USE BY HEAD OF DEPARTMENT AND OFFICE OF THE CITY AUDITOR

Received by:

Department _____
(From Employee) Received By Date

Referred to _____
Office of the City Auditor Sent By Date

Office of the City Auditor _____
(From Dept. or Employee) Received By Date

Employee Notification:

(Written notification sent to employee by the City Auditor) _____
Date

The personal information you have provided on this form is collected under the authority of the Whistleblower By-law (19-181) of the City of Hamilton and will be used to assess the allegations of wrongdoing that have been reported and for contact purposes if clarification is required. Questions about this collection can be directed to the City Auditor at 50 Main St. E., 3rd Floor, Hamilton, ON L8N 1E9, Telephone (905) 546-2424 x4469.