

In accordance with the *Policy on Employee Disclosure of Wrongdoings (BD-16)*

Complete the form, providing all the required information. Once completed, email it to Frederica.Jacobs@concordia.ca or send it to the Designated Official (D.O.) in a sealed envelope marked "*Strictly confidential - to be opened by addressee only*" by mail or in person:

Designated Official - Disclosure of Wrongdoings
Secretary-General and General Counsel
1455 De Maisonneuve Blvd. W., Room GM 620-15
Montreal, QC, H3G 1M8

IDENTIFICATION

First name

Last name

Are you a Concordia Employee?

 Yes

 No

If not, you may contact the Public Protector directly.

Note that Employee as defined in the Policy means, but is not limited to, any full-time, part-time or temporary employee of the University, including staff, faculty, postdoctoral fellows, researchers, members of the administration, stagiaires and interns as well as any Governor, Director or Officer of the University.

CONTACT INFORMATION FOR CONFIDENTIAL COMMUNICATION

Indicate and provide the most confidential method of contacting you from among the following:

Telephone

Permission to leave a message? Yes No

Email

Mailing address

PERSON(S) SUBJECT OF THE DISCLOSURE

First name

Last name

Title

Contact details

Concordia Employee
(as defined above)

First name

Last name

Title

Contact details

Concordia Employee
(as defined above)

First name

Last name

Title

Contact details

Concordia Employee
(as defined above)

DESCRIPTION OF THE FACTS

Describe the facts or events which you believe constitute a possible or actual Wrongdoing:

Indicate the type of Wrongdoing (from among options 1 to 6 listed below) that may or have occurred.

1 2 3 4 5 6

1. A violation of any federal or provincial law or regulation;
2. A serious breach of the standards of ethics and professional conduct;
3. A misuse of funds or property of the University, including the funds or property it manages or holds for others;
4. Gross mismanagement within the University including an abuse of authority;
5. Any act or omission that seriously compromises or may seriously compromise a person's health or safety or the environment; or
6. Directing or counselling a person to commit a wrongdoing described in any of paragraphs 1 to 5.

Describe potential consequences, if applicable, on the health and safety of persons of the Concordia community, or the environment:

If the act has not yet been committed, describe how it can be prevented?

DATE AND LOCATION OF OCURRENCE OF WRONGDOING

Date	From	To
Repeated Wrongdoing. Give details:		
Place		

OTHER PERSONS INVOLVED OR WITNESSES

First name	Last name	Title
Contact details		<input type="checkbox"/> Concordia Employee
Role (e.g., witness, participant, etc.)		
First name	Last name	Title
Contact details		<input type="checkbox"/> Concordia Employee
Role (e.g., witness, participant, etc.)		

OTHER INFORMATION

Evidence or documents in your possession, if any (attach and/or describe):		
Steps taken prior to disclosing (e.g., consulting a manager, union representative or other)		
If you have a concern about possible reprisals following this disclosure, please describe:		
Any other information that could be useful in dealing with the disclosure:		
First name	Last name	Title
Contact details		<input type="checkbox"/> Concordia Employee
Role (e.g., witness, participant, etc.)		