Safe Disclosure Report

1. Before submitting the report, please read the [Safe Disclosure policy](https://www.uregina.ca/policy/browse-policy/policy-GOV-022-020.html).
2. Complete the report, providing all the required information. Once completed, email it to [**safe.disclosure@uregina.ca**](mailto:safe.disclosure@uregina.ca) or send it to the **Office of Internal Audit** in a sealed envelope marked “**Confidential**” by mail or in person to:

University Internal Auditor

Room 509.5, Administration Humanities Building

3737 Wascana Parkway

Regina, Saskatchewan  
S4S 0A2

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| --- | --- | --- | --- | --- |
| 1. **REPORTER’S CONTACT INFORMATION** (this section may be left blank if the Reporter wishes to remain anonymous) | | | | |
| First Name |  | | Last Name |  |
| What is your role with the University of Regina (check all that apply)? | | | Employee  Student  Member of University Senate or Board of Governors  Third party (e.g. consultant, contractor)  Other , please specify: | |
| Contact information (what is the best way to contact you) | | |  | |
| Date of this report submission | | |  | |
| 1. **PERSON(S) SUBJECT OF THE DISCLOSURE** | | | | |
| First Name |  | | Last Name |  |
| Title/Position |  | | Department, if applicable |  |
| Contact information | |  | | |
| First Name |  | | Last Name |  |
| Title/Position |  | | Department, if applicable |  |
| Contact information | |  | | |
| First Name |  | | Last Name |  |
| Title/Position |  | | Department, if applicable |  |
| Contact information | |  | | |
| 1. **DESCRIPTION OF FACTS** | | | | |
| Describe what has occurred which you believe constitutes a possible or actual wrongdoing or fraud: | | | | |
|  | | | | |
| Describe when did it happen and when did you notice it: | | | | |
|  | | | | |
| Describe where did it happen: | | | | |
|  | | | | |
| Describe any evidence, details, or information that would assist in the investigation | | | | |
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| Did you take any steps prior to submitting this report (e.g. reporting to a supervisor, union representative or other)? | | | | |
|  | | | | |
| 1. **OTHER PERSONS INVOLVED OR WITNESSES** | | | | |
| First Name |  | | Last Name |  |
| Title/Position |  | | Department, if applicable |  |
| Contact information | |  | | |
| Role (e.g. witness, participant, etc.) | | |  | |
| First Name |  | | Last Name |  |
| Title/Position |  | | Department, if applicable |  |
| Contact information | |  | | |
| Role (e.g. witness, participant, etc.) | | |  | |
| First Name |  | | Last Name |  |
| Title/Position |  | | Department, if applicable |  |
| Contact information | |  | | |
| Role (e.g. witness, participant, etc.) | | |  | |