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** 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.) |  |