

CIPD Whistleblowing report form

(RWB)

This form may be used to submit a report to CIPD in respect of its qualifications under the Public Interest Disclosure Act.

All sections of this form must be completed by the person making the report. Please provide as much information as possible.

(* indicates a required field.)

Section 1 - About you			
Surname *			
First name *			
Email *		Organisation	
Daytime phone		Home phone/Mobile	
Sections 2 - What qualification(s) is/are involved and how many candidates are affected?			
Section 3 - Identity of the organisation or the individual this disclosure report relates to.			
Name of organisation/centre			
Name of individual			
Their contact details <i>(if known)</i>			
Section 4 - Report of incident			
Please use this section to tell us as much as you can giving details of your disclosure, explaining, with evidence (if available), where there is a breach/irregularities.			
Section 6 - Declaration			
To help us gather information about your reported disclosure we might need to share information with other organisations or third parties. We will look into anonymous whistleblowing about CIPD qualifications (where appropriate). However, it may not always be possible to investigate anonymous disclosures.			
Do you give your consent for us to do this?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Signature:		Date:	

Please email this completed form to qa@cipd.co.uk