

WHISTLEBLOWER FORM

Date:	Name (Optional):	
BBBS Affiliation (Se	elect) Optional	
Staff Committee Mem Other	Admin Volunteer ber	Board Member
Phone Number (Op	tional) E-mail Address (c	optional)
BBBS Supervisor (if	f applicable) <i>Optional</i> :	
confidential to the fu you make a report confidential your ide	ullest extent that is consistent with under this policy and disclose y entity until a formal investigation	will treat all reports made under this policy as conducting a full and fair investigation. Even if your identity, BBBS will exercise care to keep is launched. At that point, your identity will be necessary to conduct a complete and fair
Date you became a	aware of Reportable Activity (C	omplaint):
Describe Reportab	ole Activity:	

Reportable Activ	ity is:		
Ongoing	Completed	Unclear	
Department(s) S	uspected of Repor	rtable Activity:	
Business Development Finance / According Service Deliver Communication Administration Management Other	ounting ry (Programs)		
Individual(s) Suspected of Reportable Activity:			
How did you bed	ome aware of the	Reportable Activity?	
Describe any ste representative of	• •	to completing this Report (e.g. informed a	
Name of BBBS Representative Contacted (if applicable):			
When complete in BBBS Calgary 5945 Centre Street Calgary, AB T2H (ATTN: Ombudsma CONFIDENTIAL	0C2	OR Email Directly by clicking below:	