

# Whistleblower Disclosure

## Complaint of Wrongdoing Form

The *Public Interest Disclosure (Whistleblower Protection) Act* applies to all employees of Credit Union Deposit Guarantee Corporation. If an employee has questions or concerns regarding a wrongdoing or a possible wrongdoing, the employee may seek advice from their supervisor, the President & CEO, the Designated Officer or the Public Interest Commissioner.

If an employee reasonably believes that they have information that a wrongdoing has been committed, is about to be committed, or that an employee has been asked to commit a wrongdoing, they may inform the Designated Officer or the Public Interest Commissioner.

Employees should refer to the Employee Conduct – Whistleblower Policy and Program if they have any questions regarding the process of making a Whistleblower Disclosure.

**Use this form to report wrongdoing to the Corporation's Designated Officer.**

## CONTACT INFORMATION

While it is preferred that an employee submitting a Whistleblower Disclosure provide their name and preferred contact information, an anonymous submission will be treated and processed in the same manner as all other submissions. However, if details are incomplete it could impact and/or limit the investigation.

Name: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(mailing address, cell or home phone number, email address, etc.)

## DETAILS RELATING TO THE WRONGDOING

Was the wrongdoing a one-time incident that occurred recently?

Yes

No

Unknown

Is the wrongdoing an ongoing issue?

Yes

No

Unknown



