## Appendix A

**Strictly Confidential**

**Cork County Council**

**Form for Reporting a Protected Disclosure to the Chief Executive of Cork County Council as a prescribed person.**

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| **NAME** *(Optional):* |  |
| **AREA OF WORK** *(Optional):* |  |
| **CONTACT DETAILS** *(Optional):* |  |
| **DATE OF SUBMISSION OF FORM:** |  |

1. Please give date of alleged wrongdoing (if known) or date the alleged wrongdoing commenced or was identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is the alleged wrongdoing ongoing? Yes No
3. Has the alleged wrongdoing already been disclosed to any member of management or another worker/worker? Yes No

If so when was the wrongdoing disclosed and to what effect?

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1. Please give details of alleged wrongdoing and any support information:

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1. Please give name of the person(s) (if known or applicable) allegedly involved in alleged wrongdoing:

1. Any other relevant information:

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