

## WHISTLEBLOWER FORM

The Whistleblower Information Form is to be used to file a **Reportable Activity** as identified in Dietitians of Canada (DC) Whistleblower Policy. For concerns of a more general nature, please contact DC by using any of the channels of communications listed at <https://www.dietitians.ca/About/About-Dietitians-of-Canada/Contact-Us>

The Dietitians of Canada Whistleblower Policy is intended to encourage employees and others to raise serious ethical or legal concerns within DC. DC will not permit harassment, retaliation or discrimination against those (the Complainants) who, in good faith, file a Reportable Activity. If after filing the Whistleblower Information Form, a Complainant feels that they have been subject to retaliation, the Complainant should report concerns to the investigators of the Reportable Activity by emailing them directly or by responding to written acknowledgement of submission from the primary contact receiving the complaint (see contact information and process in the Whistleblower Policy).

A Complainant may remain anonymous. DC will treat all reports made under this policy as confidential to the fullest extent possible while conducting a full and fair investigation even if the Complainant discloses their identity. DC will exercise care to keep confidential the identity of the Complainant until a formal investigation is launched. At that point, the Complainant's identity may be disclosed to other individuals only to the extent necessary to conduct a complete and fair investigation. If the Complainant chooses to disclose their contact information, DC will acknowledge receipt of the submission and provide a report on the outcomes of the investigation.

Contact Information (Optional – Complainants may file a Reportable Activity anonymously)	
Name	
Telephone	
Email	
Description of Reportable Activity	

**Date you became aware of the Reportable Activity**

**How did you become aware of the Reportable Activity?**

**The Reportable Activity is (select one)**

Ongoing

Completed

Unclear whether ongoing or completed

**Individual(s)/ Operation/ Department involved in the Reportable Activity**

**Describe steps taken with dates ( if any) prior to completing this Form (e.g., Informed DC staff/ representative/ manager)**

**What outcome(s) are expected from the investigation of this complaint?**