CRIME RELATED / IRREGULARITIES CHECKLIST

When submitting your disclosure / report, please ensure that the following issues are addressed, in order for management to act on and instigate the necessary actions:

1.	**Date** of your disclosure.	
2.	Your **name** and contact details (if **not anonymous**).	
3.	Your **company name**, business unit, branch and location (compulsory).	
4.	What **type of offence** are you reporting?	
4.1	Fraud	
4.2	Theft	
4.3	Bribery	
4.4	Corruption	
4.5	Sexual Harassment	
4.6	Collusion	
4.7	Unfair HR Practice	
4.8	Other – please specify	
5.	**Details of the suspect / offender**: (Full Names, aliases, level of employment (if within your company), telephone numbers, email address or address (if possible).	
6.	**Details of the offence / incident**:	
6.1	**Date** when the alleged offence or incident took place.	
6.2	Explain in detail **how** the offence or incident took place (please include all relevant details such as suspect vehicles, registration numbers and any other info that could assist with an investigation):	
7.	**Evidence**:	
7.1	Do you have any evidence?	
7.2	What type of evidence?	
7.3	Where can the evidence be found?	
7.4	Is there a possibility that the evidence could be destroyed, manipulated or falsified?	
8.	**Witnesses**:	
8.1	Name and contact details of witness(es) if any or if available?	
9.	Do you know the estimated monetary **value of the incident** involved (if applicable)?	
10.	Please include **any other further information** that might assist with the investigation, no matter how small or irrelevant you may perceive it.	

HEALTH & SAFETY RELATED REPORTS CHECKLIST

When submitting your disclosure / report, please ensure that the following issues are addressed, in order for management to act on and instigate the necessary actions:

1.	**Date** of your disclosure.	
2.	Your **name** and contact details (if **not anonymous**).	
3.	Your **company name**, business unit, branch and location (compulsory).	
4.	What **type of H&S issue** are you reporting?	
4.1	Personal Protective Equipment related (PPE)	
4.2	Loss Time Incident related (LTI)	
4.3	Unsafe Act	
4.4	Unsafe Condition	
4.5	Non-compliance	
4.6	Near Miss	
4.8	Other – please specify	
5.	**Details of the H&S Victim / Offender**: (Full Names, aliases, level of employment (if within your company), telephone numbers, email address or address (if possible).	
6.	**Details of the H&S offence / incident**:	
6.1	**Date** when the alleged offence or incident took place.	
6.2	Explain in detail **how** the offence or incident took place (please include all relevant details such as suspect vehicles, registration numbers and any other info that could assist with an investigation):	
7.	**Evidence**:	
7.1	Do you have any evidence?	
7.2	What type of evidence?	
7.3	Where can the evidence be found?	
7.4	Is there a possibility that the evidence could be destroyed, manipulated or falsified?	
8.	**Witnesses**:	
8.1	Name and contact details of witness(es) if any or if available?	
9.	Do you know the estimated monetary **value of the incident** involved (if applicable)?	
10.	Please include **any other further information** that might assist with the investigation, no matter how small or irrelevant you may perceive it.	
11.	How is the designated **Safety Rep** in your area of work? (name, surname)	
12.	Who is the **supervisor** in your area? (name, surname)	
13.	Are there any other **H&S concerns** at your workplace?	
14.	Does your company conduct **formal H&S induction** training?	
15.	If you'd like our **H&S specialist to contact your company**, kindly provide his / her name and contact details.	

For more information contact us via email: **info@wisecall.eu.com**