

Risk Assessment Whistleblower Report

1. Report Details

Date of Report: _____

Report Reference Number: _____

Name of Whistleblower (Optional): _____

Department/Area: _____

2. Description of Incident or Risk

Date/Time of Incident: _____

Location: _____

Detailed Description:

3. Parties Involved

List the individuals, departments, or third parties involved:

4. Nature of Risk

Type (select applicable): Fraud Corruption Safety Compliance Other

Potential Impact:

5. Evidence Provided

Please describe any evidence or attach supporting documents:

6. Risk Assessment

Likelihood of Occurrence: Rare Unlikely Possible Likely Almost Certain

Severity of Potential Impact: Minor Moderate Major Severe

Immediate Actions Taken:

7. Recommendations / Follow-up Actions

8. Submitted By

Name (if applicable): _____

Signature: _____

Date: _____

Important Notes:

- This report is confidential and intended solely for risk management and investigative purposes.
- All information should be accurate and provided in good faith.
- Retaliation against whistleblowers is strictly prohibited.
- Supporting evidence is critical to assist proper investigation and assessment.
- Keep copies of this report and all relevant documentation for reference.