**Checklist for recipient of internal report**To be completed by the recipient of an internal report

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| **Internal report**  |
| Report received by: |  |
| Date report received: |  | [ ]  Verbal | [ ]  Written | [ ]  Anonymous |
| If the report was made **verbally**, the report has been documented in writing and signed: | [ ]  Yes  | [ ]  No |
| The reporter has been thanked for coming forward with their concerns: | [ ]  Yes  | [ ]  No |
| **Confidentiality / Risk of reprisal** |
| Who else knows that the report has been made? |  |
| Is the reporter concerned their identity will become known in the workplace? Why? |  |
| Is the reporter concerned that they may suffer reprisal action for making the report if their identity becomes known? From whom? |  |
| What professional relationship does the reporter have with any subject(s) of the report? |  |
| **Previous reporting** |
| [ ]  Yes [ ]  No | The reporter has raised this matter to another person within your organisation. |
| If **yes**, who was it reported to, when was it reported, what action was/is being taken? |
| **Support** |
| [ ]  Yes [ ]  No | The reporter has been advised of our employee assistance program. |
| [ ]  Yes [ ]  No | The reporter requires support. |
| If the reporter requires support, what type of support?  |
| **Reporter’s expectations** |
| What does the reporter expect from this process?  |
| What does the reporter expect will happen to any subject(s) of allegations? |
| **Additional information the recipient of a report may be aware of** |
| [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No | The reporter is currently/has previously been the subject of performance issues.The reporter is currently/has previously been the subject of disciplinary proceedings relating to this matter.The reporter is currently/has previously been the subject of criminal investigation related to this matter.The reporter is currently/has previously been the subject of workplace changes. |
| If **yes** to any of the above, provide any known details.

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| Signature of recipient  |  | Date  |

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