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| InstructionsThis form is designed to be filled in digitally, with text fields that will expand as you type. Please provide as much detail as possible. Use this form to submit a complaint to the Gabriola Land and Trails Trust when you have reasonable grounds to believe that a GaLTT officer, director, employee, contractor, or volunteer has committed, or is about to commit, a GaLTT whistleblowing incident. Whistleblowing incidents include but are not limited to: * Improper accounting or auditing practices, or other financial activity indicating fraud or misrepresentation;
* Violations of federal or provincial laws that could result in fines or civil damages payable by GaLTT, or otherwise harm GaLTT’s reputation or status as a charitable, non-profit society;
* Unethical conduct in violation of any GaLTT policies or bylaws;
* Risk to the health and safety of officers, directors, employees, contractors, volunteers or the general public.

ANONYMITYIf you wish to remain fully anonymous, do not include your name and contact information, do not include your relationship to persons identified in your report, or your location relative to persons or incidents in your report. Mail a printed copy of the completed form to: GaLTT PresidentPO Box 56,Gabriola, BC V0R 1X0If you are not comfortable sending your form to the President you may send it to any member of the Executive Committee (<https://galtt.ca/board.html>). INVESTIGATION PROCESSAll whistleblower complaints will be confidentially addressed by the Executive Committee, excluding any member named in the complaint. Anonymously reported incidents will be accepted and investigated, as appropriate. All disclosures will be treated in a confidential and sensitive manner. The process has been designed so as to protect your identity when communicating your concern. For a full description of GaLTT policies and procedures with regard to Whistleblower complaints, please see Operating Policy 15 in the Policies section at [www.galtt.ca](http://www.galtt.ca). |

# Complaint

1. Please provide details with respect to the date, time and location of the incident(s).

1. Please describe the nature of your concern regarding financial and / or operational matters. Include sufficient information for an independent person to understand the concern and to enable further investigation.

1. Please state the full name(s) and title(s) of individuals whom you suspect of wrongdoing.

1. How many times has this incident taken place? (if applicable)

1. How long has this incident been taking place? (if applicable)

1. OPTIONAL: Would you be willing to provide your name and contact information? If YES then please provide your name and telephone number.

1. OPTIONAL: Would you like to arrange a meeting/telephone call with an Investigating Officer to discuss this matter? (this option is only available to individuals who chose to provide their name)

[ ]  yes [ ]  no