

North-East Regional Health Authority (NERHA) - Protected Disclosures Procedural Guidelines

Name of Alleged Party of Improper Conduct	
Time and Place of Improper Conduct	
Name of Witness Address of Witness Brief Description of Witness	Name of Witness Address of Witness Brief Description of Witness
Previous Disclosure(s) Made (State about whom and to whom the disclosure was made) _____ _____ _____ _____ _____ _____	
State whether still in employment	

I make this disclosure in good faith and in the public interest. I believe it to be true and accurate to the best of my knowledge and I know that I would be liable for prosecution if this disclosure contains any statement that I know to be false or misleading.

Signature of Person making Disclosure

Date

Name of Witness

Signature of Witness

Date