

WHISTLEBLOWING FORM

Please complete this form and send it to the:-

Chief Internal Auditor, Norfolk County Council, County Hall,

Martineau Lane, Norwich, NR1 2DH

Chief.internal.auditor@norfolk.gov.uk

Name:
Address or Contact Details:
Post Code:
Best Time to Contact You:

Person Assisting You (e.g. relative, friend, union official)
Address:
Post Code:
Telephone:

Details of your concern (please continue on a separate sheet if necessary)
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Signature: _____ Date: _____

Confidentiality

Thank you for completing this form. Your concern will be treated in confidence. Within 7 working days of receipt of your concern the person appointed to investigate your concern will write to you as set out in the Whistleblowing Procedure.