



Form for Protected Disclosures of Information

Please note that disclosures must be made in good faith and relate to a matter that you have reasonable grounds to be concerned about. It must not be intended to undermine the reputation of any colleague or service provider. If you make a disclosure which you know or reasonably ought to know to be false you will be guilty of an offence under the legislation.

1. Name of employee making the disclosure:

.....

2. Job title, department and name of organisation:

.....

.....

3. Details of the disclosure (care should be taken to only include the name(s) of *individual(s) where directly relevant to the report*):

- **Date(s)/Time(s) of occurrence(s) (if appropriate)**

.....

- **Basis of your concern(s)**

.....

.....

.....

4. Employee's signature:

.....

5. Date:

.....



Completed forms are to be returned to:

**HSE Office of the Authorised Person,
Dr Steevens' Hospital,
Dublin 8,
D08 W2A8**

For further information please contact The Office of the Authorised Person, in confidence

Tel: 01 6352202

E-mail: protected.disclosures@hse.ie

*Office hours are 10am to 1pm and 2pm to 5pm Monday to Friday

or

Visit our webpage at: <https://www.hse.ie/eng/about/qavd/protected-disclosures>