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| IFoA Speaking Up Form | |
| This form is intended for use by anyone raising a genuine concern about an IFoA incident, event, service or behaviour. . Please read the IFoA Speaking Up Policy and this Procedure carefully before completing this form.  If you are at all unsure about how you should raise your concerns please do not hesitate to contact [speakingup@actuaries.org.uk](mailto:speakingup@actuaries.org.uk) for further advice. | |
| **Your name:** |  |
| **Your role:** |  |
| **Your department/team/group:** |  |
| **Date of report:** |  |
| **Does your concern relate to your line manager/person appointed to oversee your role/appointment?** | Yes/No/Not applicable |
| **Summary of disclosure:** | |
| Please set out the nature of your concern to be reported including your reasons for believing that what you are reporting is an issue. Please provide as much detail as possible including examples where possible, dates, times and locations. You may attach additional sheets if required. | |
| **Individuals involved:** | |
| Please provide the names and contact details (if known) of any people involved in your concerns, including witnesses (please state if they are implicated or a witness) | |
| **Actions already taken:** | |
| If applicable, please describe any actions you have already taken, with dates, times and location and include any names and details of those you have already raised your concerns with | |
| **Outcome requested:** | |
| Please set out how you would like to see the issue dealt with, and why and how you believe that this will resolve the issue. | |
| **Declaration:** | |
| I confirm that the above statements are true to the best of my knowledge, information and belief. I understand that, if I knowingly make false allegations, this may result in the organisation taking appropriate action (which could include disciplinary action) against me. | |
| **Form completed by:** |  |
| **Signature:** |  |
| **For completion by the IFoA:** | |
| Date form received by IFoA: |  |
| Name of recipient and job role: |  |
| Signature: |  |