southern coop

Whistleblowing Report Form

We encourage you to provide your personal details so that when investigating your concerns we are able to seek additional information from you if necessary, and are able to advise you of the outcome of our investigation at its conclusion. We understand that some people may not be comfortable in providing their details. If this is the case please leave this section blank. We will still investigate your concerns so far as we are able to do so with the information you have provided, but will not be able to advise you of the outcome.		
Name:		
Email:		
Sometimes, particularly if a concern is complex, it can be easier for us to respond to your query by telephone. If you are happy for us to contact you in this way please leave your number.		
Tel: If you don't answer, can we leave a voicemail? ☐ YES ☐ NO		
Is there a better time of day to contact you (Mon-Fri)		
Relationship to Southern Co-op (circle as appropriate)		
Colleague, Member, Customer, Supplier, Franchisee, Other Stakeholder		
Your concern		
1. Which part of Southern Co-op does this concern relate to: (circle as appropriate)		
Food Retail, End of Life Services, Cobra Coffee (Starbucks), Lakeside Central Support Teams, Welcome Franchise Retail store, Supplier or Contractor of Southern Co-op		
2. Which branch, dept or third party was involved		
3. If known, which people were involved: If you don't know names, can you describe them?		
4. Where specifically did the incident take place:		

5. Approximate date of incident/ date range:

6. Hav	e you reported your concerns to anyone else, if so who and when?
Details of y	our concern_
7. Plea	ase describe the incident in as much detail as you can.
	v are you aware of the incident?
9. Wha	at action do you believe should be taken as a result of registering your concern?
10. Do	you have any evidence of the concern you are raising? (If yes, include with this form)
11. Has	anyone else witnessed the incident, if so who?
□ I confirm	n that the information I have provided is, to the best of my knowledge, true and correct.
•	your completed form to: porate Affairs, Southern Co-op, 1000 Lakeside, Western Road, Portsmouth PO6 3FE