

Whistleblowing Report Form

Please complete the form below as fully as you can. You do not have to give your name and personal details, but our ability to carry out an investigation may be limited if you do not:

Title		Name of whistleblower	
Telephone		Email address	
Job title		Organisation	

CIOLQ qualification/s		No. of candidates affected	
Exam Venue name			
Address			

Details of incident or practice

Please explain your concerns in detail, including relevant dates, locations and the names of any individuals involved. If any certificates have been issued, please also confirm details below, including dates and total number issued, if possible.