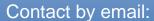
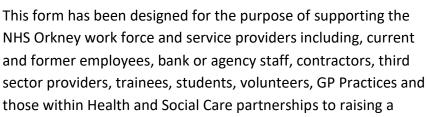
Whistleblowing Recording Form



ork.whistleblowing@nhs.scot





Date Concern was received:

Name of Whistle-blower:

Whistle- blowing concern.

Does this person wish to remain anonymous? Yes | No

How was this concern received (i.e. letter, email):

What is the Preferred method of contact?

Contact Details

Address

Email

Telephone/Mobile :

Is this concern being raised on the behalf of another person?

Yes | No If "Yes", do you have the consent of the person this concern relates to?

Yes | No

(When submitting this form, please provide evidence of the obtained consent.)

What is the Service(s) or area(s) this concern relates to?:

Please Describe the concern:

when describing the concern please include as much factual details as possible:

Does this concern relate to patient safety: Yes | No

Owner: Corporate Services
Date: 11/03/2021

Final v.2

Please explain your patient safety concern:
When describing please include as much factual details as possible:
For the next question please Circle those that are relevant
Does the Concern relate to any of the following patient issues?
Access Admission Appointment Communication Confidentiality Consent Transfer or Discharge
Are you aware if an incident has been reported on NHS Orkney's incident management system? Yes No
If "Yes" do you know the reference number? Yes No
If known please include the Reference W-
Does this concern relate to staff issues? Yes No
For the next question please Circle those that are relevant
Does the Concern relate to any of the following staff issues?
Bullying Harassment Other
If "Other" was selected, please define Other:
Has the person raising this concern suffered any detriment? Yes No
Please describe the detriment experienced:

Thank you for completing this form, before sharing please ensure you have completed all fields relating to this concern.

Owner: Corporate Services Date: 11/03/2021

Final v.2