

| BC EGG - WHISTLE BLOWER REPORT | | Report # | |
|---|--|--------------------------------------|--|
| Date report prepared: (YYYY-MM-DD) | | | |
| Are you an employee of BC Egg? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you wish to identify yourself? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please complete this section: | | Contact Information | |
| Last Name: | | Address: | |
| First Name: | | Email Address: | |
| What is the best time to communicate with you? | | Phone: | |
| AM <input type="checkbox"/> PM <input type="checkbox"/> Time: | | | |
| What is the nature of your allegation? | | Theft/Fraud <input type="checkbox"/> | Animal Welfare <input type="checkbox"/> Other <input type="checkbox"/> |
| If Other, explain the nature: | | | |
| Have you brought this to the board or managements attention previously? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, what was the outcome? | | | |
| Description of Incident | | | |
| To the best of your knowledge, what happened? | | | |
| Persons allegedly involved: | | | |
| Where committed? | | | |
| When was it committed? (YYYY-MM-DD) | | | |
| When was it discovered? (YYYY-MM-DD) | | | |
| Specific evidence (documents, recordings, etc): | | | |
| Can anyone else corroborate your allegation? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, and the person(s) grant permission, please provide name(s) and contact number(s): | | | |