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[Date]

# Raising Concerns Reporting Form (including INWO Whistleblowing Stage 1 and Stage 2)

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| --- | --- |
| Date and Time |  |
| Location |  |
| Name and contact details of individual that raised the concern. (Access to this information should be restricted) |  |
| Role of person raising the concern? e.g. dental nurse, receptionist |  |
| How the whistleblowing concern was received? e.g. face to face, email |  |
| Service areas to which the whistleblowing concern refers? e.g. LDU, Reception, Surgery/Clinical Area   |  |
| Does concern include bullying, harassment and/or other HR issue? (If so, those aspects of the concern should be investigated in line with practice HR policies)  |  |
| Does the concern raise issues of patient safety? |  |
| Has person raising concerns experienced detriment as a result of raising concerns? |  |
| Date concern was closed, at early resolution stage (stage 1)? where appropriate  |  |
| Date the concern was escalated to investigation (stage 2)? Where appropriate |  |
| Outcome at each stage?  |  |
| Findings in relation to safety concerns and potential harm? |  |
| Findings in relation to fraud or administrative failures? |  |
| Action taken to remedy any findings.  |  |