

# Whistleblower Submission Form

## FORM A

For an individual whistleblower

**Complete this form IF you are an individual whistleblower.**

▶ If you are a group of whistleblowers acting jointly, please complete **Form B** instead.  
If you are a lawyer representing a whistleblower (or a group of whistleblowers) who wish to be anonymous, please complete **Form C** instead.

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### PART 1

1

## WHO IS INVOLVED IN THE MISCONDUCT?

A

### Who are the individuals involved in the misconduct?

INDIVIDUAL #1			
NAME	First	Last	Job position/Title
ADDRESS	Street	City	Province/State
	Country	Phone number	Email
INDIVIDUAL #2			
NAME	First	Last	Job position/Title
ADDRESS	Street	City	Province/State
	Country	Phone number	Email

(List the required information for any additional individuals on **Attachment 1** at the end of this form.)

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**B**

**Who are the entities involved in the misconduct?**

ENTITY #1			
NAME			
ADDRESS	Street	City	Province/State
	Country	Phone number	Website
ENTITY #2			
NAME			
ADDRESS	Street	City	Province/State
	Country	Phone number	Website

*(List the required information for any additional entities on Attachment 2 at the end of this form).*

**C**

**At the time of the misconduct, were, or are, any of the individuals in A) above an employee, officer or director (a member of the board of directors) at any of the entities in B) above?**

YES  NO  I DON'T KNOW

If <b>YES</b> , identify which entities the individual was or is an employee, officer or director of, at the time of the misconduct:	
Individual #1	<input type="radio"/> Entity #1 <input type="radio"/> Entity #2 <input type="radio"/> Entity #__
Individual #2	<input type="radio"/> Entity #1 <input type="radio"/> Entity #2 <input type="radio"/> Entity #__
Individual #__	<input type="radio"/> Entity #__

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If **NO**, if you know, please indicate where the individual in A) above was employed at the time of the misconduct:

Individual #1	Entity name
Individual #2	Entity name
Individual #__	Entity name

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**PART 2**

**WHAT HAPPENED?**

**A**

**What type of securities-related misconduct do you believe has occurred, is presently occurring, or will occur?** *Check all that apply.*

- |  |  |
|--|--|
| <input type="radio"/> Illegal insider trading and/or tipping           | <input type="radio"/> Fraud  |
| <input type="radio"/> Corporate disclosure and/or financial statements | <input type="radio"/> Illegal distribution and/or unregistered trading |
| <input type="radio"/> Other; please describe: _____                    | <input type="radio"/> I don't know                                     |

**B**

**When did or when will each type of misconduct identified in A) above occur?** *Check all that apply.*

- The misconduct occurred in the past.  
Specify type of misconduct (from A.) above: \_\_\_\_\_  
At what date ranges did it occur? From \_\_\_/\_\_\_ (Year/Month) To \_\_\_/\_\_\_ (Year/Month)  I don't know
- The misconduct is currently ongoing.  
Specify type of misconduct (from A.) above: \_\_\_\_\_  
At what date did it start? From \_\_\_/\_\_\_ (Year/Month)  I don't know
- The misconduct is about to occur sometime in the future.  
Specify type of misconduct (from A.) above: \_\_\_\_\_
- I don't know; Specify type of misconduct (from A.) above: \_\_\_\_\_

**C**

**Describe the facts that lead you to believe that the above misconduct has occurred, is presently occurring, or is about to occur.** *Be as specific as possible.*

*(Provide any additional information on the back of this form or on a separate sheet of paper and attach it to this form.)*

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**D**

**How did you learn about the above misconduct?**

*(Provide any additional information on the back of this form or on a separate sheet of paper and attach it to this form.)*

**E**

**When did you learn about the above misconduct?** Year \_\_\_\_, Month \_\_

**F**

**What do you believe is the magnitude of the misconduct? (For example, how much money is involved? How many people are being harmed?)**

*(Provide any additional information on the back of this form or on a separate sheet of paper and attach it to this form.)*

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**PART**

**3**

**SUPPORTING DOCUMENTS**

**A**

**Do you currently have documents or materials in your possession or control, that you wish to provide to the OSC, to support the misconduct?**

YES  NO

If **YES**, if you are attaching files stored on a physical storage medium (such as a USB thumb drive) and/or physical documents, please describe each document and provide details below.



Please do not reference or attach any documents that may reflect legal advice, that are communications with a lawyer for the purpose of obtaining legal advice or related working papers or that may otherwise be subject to solicitor-client privilege.

	Document description	How was it obtained?	Is it likely to reveal your identity? If yes, please explain
1.			
2.			
3.			
4.			
5.			

*(If necessary, provide any additional information on a separate sheet of paper and attach it to this form.)*

**B**

**Are there additional documents or materials available to support the misconduct which are not in your possession or control?**

YES  NO  I DON'T KNOW

If **YES**, please describe the additional documents and the location of each document. Please also indicate if any of the additional documents are likely to reveal your identity.



Please do not reference any documents that may reflect legal advice, that are communications with a lawyer for the purpose of obtaining legal advice or related working papers or that may otherwise be subject to solicitor-client privilege. We do not expect you to obtain documents or other things that are not in your possession or control.

*(Provide any additional information on the back of this form or on a separate sheet of paper and attach it to this form.)*

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**PART 4**

**ABOUT YOU**

**A**

**Have you or your lawyer had any prior communication with the OSC regarding this matter?**

YES  NO  I DON'T KNOW

If **YES**, please specify:

- i) Person at the OSC (if known) that you dealt with: \_\_\_\_\_
- ii) Date of your initial communication (Year, Month, Day): \_\_\_\_\_

**B**

**Have you had any communication with another securities regulator, self-regulatory organization (such as the Investment Industry Regulatory Organization of Canada (IIROC), or the Mutual Fund Dealers Association (MFDA)), government official, or a law enforcement agency regarding this matter?**

YES  NO  I DON'T KNOW

If **YES**, please specify:

- i) Organization(s): \_\_\_\_\_
- ii) Person at the organization (if known) that you dealt with: \_\_\_\_\_
- iii) Date of your initial communication (Year, Month, Day): \_\_\_\_\_
- iv) Action taken by that party (if any, if known): \_\_\_\_\_

**C**

**Are you or is someone you know involved in legal proceedings regarding this matter?**

YES  NO  I DON'T KNOW

If **YES**,

- i) What is your or that person's involvement in the legal proceedings? For example, are you or that person a plaintiff, defendant or witness?
- ii) Describe the type and timing of the legal proceedings.

*(If necessary, provide any additional information on a separate sheet of paper and attach it to this form.)*

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**D Do or did you have an internal or external role (a relationship) with any of the entities involved in the misconduct at the time of the misconduct?**

YES  NO

If **YES**, please detail:

Your Name	Which entity did you have a role in? <i>Select one.</i>	What internal roles, if any, do or did you have with the entity at the time of the misconduct? (Column A) <i>Select all that apply.</i>	Which external roles, if any, do or did you have with the entity at the time of the misconduct? (Column B) <i>Select all that apply.</i>	When did you have the roles noted in Columns A and/or B?
	<input type="radio"/> Entity #1 <input type="radio"/> Entity #2 <input type="radio"/> Entity #_____	<input type="radio"/> Current employee <input type="radio"/> Former employee <input type="radio"/> Officer <input type="radio"/> Director (board of directors) <input type="radio"/> Chief compliance officer (or functional equivalent) <input type="radio"/> Internal auditor (or functional equivalent) <input type="radio"/> In-house counsel <input type="radio"/> Other; describe: _____	<input type="radio"/> Analyst <input type="radio"/> External auditor (or functional equivalent) <input type="radio"/> External legal counsel <input type="radio"/> Consultant <input type="radio"/> Contractor <input type="radio"/> Other; describe: _____	(Year/Month) From ____/____ To ____/____



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- E** If you are or were an internal or external auditor of the subject of this submission, is disclosure of the information you are providing permitted under applicable rules of professional conduct?
- F** If you are or were in-house counsel at the entity that is, or that employs, the subject of this submission, is disclosure of the information you are providing permitted under applicable provincial or territorial bar or law society rules, or the equivalent rules applicable in another jurisdiction?

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**G** If you have or had an internal role at any of the entities, did you take any steps to escalate concerns internally at the entity?

YES  NO  I DON'T KNOW

If YES, please detail:

Your Name	To whom did you report the misconduct?	To your knowledge, did the person(s) or departments at the entity to whom you reported the misconduct take any steps to address your concern(s)?
	Name: _____ Job position/title: _____ Entity name: _____ Date you initially reported the misconduct: (Year/Month/Day) ____/____/____	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> I DON'T KNOW  If Yes, describe the steps taken by the person(s) or department(s):

**H** Did you obtain this information while conducting an inquiry or investigation into possible violations of law?

YES  NO  I DON'T KNOW

If YES, please detail:

**I** Did you have any involvement in the misconduct?

YES  NO  PREFER NOT TO ANSWER

If YES, please describe your involvement:

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**J**

**Is there anything else you would like to tell us?**

**K**

**WHISTLEBLOWER CONTACT INFORMATION**

WHISTLEBLOWER			
NAME	First	Middle	Last
ADDRESS	Street	City	Province/State, Country
	Daytime phone	Email	Occupation

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## PART **5** WHISTLEBLOWER CERTIFICATION

- 1 I have read and understand the OSC Policy 15-601 – Whistleblower Program;
- 2 I understand and agree that the OSC is not responsible for any expenses or losses I might incur in connection with providing information and documents to the OSC;
- 3 I understand and agree that no immunity from legal proceedings is being given to me by the OSC by reason of me providing information and documents;
- 4 I will maintain the confidentiality of any and all information provided by the OSC to me in connection with my submission; and
- 5 To the best of my knowledge and belief, all of the information submitted through this form is true and complete.

**WARNING: IT IS AN OFFENCE UNDER THE ONTARIO SECURITIES ACT TO PROVIDE FALSE OR MISLEADING INFORMATION TO THE ONTARIO SECURITIES COMMISSION.**

I, \_\_\_\_\_, certify that I have read and agree to the above.  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please mail the Whistleblower Submission Form, and include supporting documents or materials, to the following address:

**Office of the Whistleblower - Confidential**  
**Ontario Securities Commission**  
22<sup>nd</sup> Floor  
20 Queen Street West  
Toronto, ON M5H 3S8



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Attachments

**ATTACHMENT**

**1. WHO ARE THE INDIVIDUALS INVOLVED IN THE MISCONDUCT?**

Please provide details of additional individuals involved in the misconduct here.

INDIVIDUAL #3			
NAME	First	Last	Job position/Title
ADDRESS	Street	City	Province/State
	Country	Phone number	Email
INDIVIDUAL #4			
NAME	First	Last	Job position/Title
ADDRESS	Street	City	Province/State
	Country	Phone number	Email
INDIVIDUAL #5			
NAME	First	Last	Job position/Title
ADDRESS	Street	City	Province/State
	Country	Phone number	Email

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ATTACHMENT

**2. WHO ARE THE ENTITIES INVOLVED IN THE MISCONDUCT?**

Please provide details of additional entities involved in the misconduct here.

**ENTITY #3**

NAME

ADDRESS

Street	City	Province/State
Country	Phone number	Website

**ENTITY #4**

NAME

ADDRESS

Street	City	Province/State
Country	Phone number	Website

**ENTITY #5**

NAME

ADDRESS

Street	City	Province/State
Country	Phone number	Website

*(Page left intentionally blank. Please provide any additional information here, as necessary.)*