

WITNESS NOTIFICATION TEMPLATE

| | | | |
|----------------------------|------------------------------|-----------------------------|----------------------|
| Date: | | | |
| Case number: | | | |
| Interviewer name/title: | | | |
| Co-Interviewer/note-taker: | | | |
| Translation required: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Translator name: |
| Support person requested: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Support person name: |
| Translation to (language): | | | Translation from: |

Witness information

| | |
|-------------------------------------|--|
| Name: | |
| Address and telephone: | |
| Email address: | |
| Title: | |
| Department/organisation: | |
| Direct supervisor (if an employee): | |
| Gender: | |
| Accommodation requirements: | |

I am investigating a possible violation of XYZ NGO's organisational policy. As part of the investigation, I will be interviewing you. The purpose of this notice is to provide important information about what XYZ NGO expects of you during the investigation.

(If the witness is internal) According to XYZ NGO's policy, you are required to cooperate with the investigation by providing truthful and accurate information. We expect you to fully cooperate in the investigation by, for example, answering all questions completely and honestly, providing any documentation relevant to the investigation, and making yourself available for follow-up interviews, if necessary.

Retaliation against anyone involved in the investigation is strictly prohibited. If you retaliate against anyone involved in the investigation and your XYZ NGO employee, it could lead to disciplinary action, up to and including termination. If you believe you have been mistreated or otherwise retaliated against because of your participation in this investigation, contact me immediately.

We expect you to keep the investigation and complaint confidential to the fullest extent possible. This means that you should not talk about the investigation, or the statements you make during the interview. We will maintain the confidentiality of the investigation to the fullest extent possible, revealing information only on a need-to-know basis. If you become aware of any breach of confidentiality, please contact me immediately.

Do I have your consent to record the interview?

| | | |
|-----|----|-----------|
| Yes | No | Signature |
|-----|----|-----------|

(Circle yes or no)

Your signature indicates you have received, read, and understand this notice.

| | |
|-----------------------|---------------------------|
| Witness printed name: | Interviewer printed name: |
| Witness signature: | Interviewer signature: |
| Date: | Date: |

Support person printed name (if relevant):

Support person signature (if relevant):

Date: