

FSRA's Whistle-blower Program -- Sample Individual Submission

It is important to understand that not everyone who provides information to FSRA is a Whistle-blower. FSRA's Whistle-blower Program will provide protection to certain individuals or entities who:

- (1) disclose to FSRA, in good faith, primarily non-public (i.e., insider) information related to Misconduct in a Regulated Sector
- (2) request that their identity be kept confidential
- (3) are provided with a written assurance of confidentiality from FSRA

The protections and recourses offered by FSRA's Whistle blower Program are only available to individuals or entities who meet the requirements set out above, and who receive a written assurance of confidentiality from FSRA, which will be provided through this portal.

FSRA will take all reasonable efforts to maintain the confidentiality of a Whistle-blower's identity and information. Specific circumstances where a Whistle-blower's identity may be disclosed are outlined in FSRA's Whistle-blower Guidance. For a full list of eligibility requirements and more information about FSRA's assurance of confidentiality, please refer to FSRA's Whistle-blower Guidance, below. All capitalized terms are defined in FSRA's Whistle-blower Guidance.

If you wish to remain completely anonymous, you can retain a lawyer to provide the information to FSRA on your behalf.

If you have publicly available information and/or are dissatisfied with a product or service received from an entity FSRA regulates, this is a complaint and you are not a Whistle-blower. Please [file a complaint](#), instead.

Please note that the system will time out after 60 minutes of inactivity and any information that you submit will not be saved.



Policy Documents

[FSRA's Whistle-blower Guidance](#)

Your Agreement with ClearView

- ✓ CLEARVIEW CONNECTS IS NOT AN EMERGENCY SERVICE. CONTACT YOUR LOCAL AUTHORITIES IF YOU HAVE AN EMERGENCY.
- ✓ When you submit information through ClearView Connects, ClearView will send it to FSRA – that's our entire role.
- ✓ You will be required to identify yourself when using ClearView Connects unless you instruct your lawyer to submit information on your behalf.

By checking here, I am agreeing to the above

Report

Description of the Misconduct

Please describe the alleged or intended Misconduct in one of FSRA Regulated Sectors in detail. Please be as specific as possible in your description of the Misconduct as well as outline who is involved and how.

Attach supporting files

To protect your identity, please ensure that all identifying information, such as metadata (e.g. location), is removed from all files before uploading them.

(Drag and drop files or click to browse)

Additional Information

Please answer the following questions.

Include as much details as possible.

- 1) **ABOUT YOU:** Please provide your FIRST NAME.
- 2) Please provide your LAST NAME.
- 3) Please provide your EMAIL ADDRESS.
- 4) Please provide your PHONE NUMBER.
- 5) Please provide the CITY, PROVINCE AND COUNTRY in which you reside.
- 6) Please provide the NAME OF YOUR EMPLOYER as well as YOUR POSITION OR JOB TITLE.
- 7) If you are representing an entity and have the authority to bind this entity, please provide the NAME OF THE ENTITY and its FULL ADDRESS.

- 8) **ABOUT THE MISCONDUCT:** From the following list, please indicate which Regulated Sector(s) the Misconduct relates to: A. Auto Insurance B. Financial Planners and Financial Advisors C. Loan and Trust D. Co-operative Corporations E. Credit Unions and Caisses Populaires F. Health Service Providers G. Life and Health Insurance H. Pensions I. Mortgage Brokering J. Property and Casualty, and General Insurance K. Other. Please specify all that apply.
- 9) Who is involved in the Misconduct? Please provide the names of any individuals and/or entity involved in the Misconduct. Where available, include details about the individuals' roles/positions in the involved entities, and FSRA license and/or registration numbers.
- 10) When did or when will the Misconduct occur?
- 11) Describe the facts that led you to believe that the Misconduct has occurred, is presently occurring or is about to occur, including how and when you heard about the Misconduct. Please be as specific as possible.
- 12) What are the potential harms that have, or could result from the Misconduct?
- 13) Are you an employee, director or officer at the entity involved in the Misconduct? Please describe your position.
- 14) If you attached any documents in the "Report" section above, how did you obtain these documents?
- 15) Have you or anyone else on your behalf, had any prior communications with FSRA regarding this Misconduct? Please specify who you dealt with at FSRA, when, and the nature of the interaction.
- 16) Have you or anyone else on your behalf, had any communications with another regulator or self regulatory organization, government official, or law enforcement agency relating to the Misconduct? Specify the organization(s) and the person at each organization (if known) that you dealt with as well as the date of your initial communication. Please describe the outcome of your interaction with the organization, including any action taken.

- 17) Is there anyone else who knows about this Misconduct, or who knows you are providing information to FSRA? If so, please explain.
- 18) Are you or anyone else involved in any legal proceedings regarding this Misconduct? Please provide any details surrounding these legal proceedings. For example, are you a plaintiff, defendant, or witness? Include the type and timing of the legal proceedings.
- 19) Are you involved, in any way, in the Misconduct?

Certification

Please read the information below and confirm each of the following before clicking submit:

- 1) I have read and understand the contents of FSRA's Whistle-blower Guidance, including the circumstances in which my identity may be disclosed by FSRA
- 2) I have valuable, timely and primarily non-public information related to Misconduct in a Regulated Sector
- 3) I am coming forward in good faith
- 4) I request that FSRA keep my identity confidential
- 5) I certify that all of the information provided in my submission, including my name and description of Misconduct, is true and complete
- 6) I understand that FSRA may disclose my identify to a law enforcement agency without my consent if I have committed an offence under the Criminal Code (Canada)

By Clicking this box, I confirm I have read and agree to each of the above statements.

Submit Report

Click the button below to submit your report to FSRA.