Whistleblower Report Form

To be completed and submitted to a designated disclosures officer

*(Refer to* [*Whistleblower protection – reporting serious wrongdoing*](https://statecover.sharepoint.com/managementsystem/Guidance/Gen%20Management%20and%20Governance%20Guidance%20Folder/Whistleblower%20protection%20-%20reporting%20serious%20wrongdoing.docx?web=1) *for further details)*

| Details of reporter *(you can make an anonymous report by leaving this section blank)* | | | |
| --- | --- | --- | --- |
| Name |  | | |
| Position (if internal) |  | | |
| Division/Unit |  | Preferred method of contact | |
| Telephone |  |  | Telephone |
| Email |  |  | Email |
| Postal address |  |  | Post |

| Details of the alleged wrongdoing being reported | | | |
| --- | --- | --- | --- |
| Description, e.g.:   * *What happened?* * *Where did it happen?* * *When did it happen?* * *Is it still happening?* |  | | |
| How did you become aware of it? |  | | |
| Name and position of people involved in the alleged wrongdoing | Name | Position | |
|  |  | |
|  |  | |
|  |  | |
| Attach any additional relevant information or indicate where supporting evidence may be found | Supporting evidence | | Attached |
|  | |  |
|  | |  |
|  | |  |

| Statement | | |
| --- | --- | --- |
| I honestly believe that the above information shows or tends to show serious wrongdoing | | |
|  |  |  |
| Signature of reporter |  | Date reported submitted |
| *(Do not sign if you wish to make an anonymous disclosure)* |  | *(Must be completed)* |