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)* |