

WHISTLEBLOWING DISCLOSURE



Do you have something to report?

1. Before completing this form we recommend you read Carers Queensland's Whistleblower Policy (available on the website www.carersqld.com) and discuss your concerns with your solicitor.
2. Please complete this form to the best of your ability.
3. Remember, you have the right to remain anonymous however anonymous concerns are more difficult for Carers Queensland to investigate.
4. Once completed, email this form to whistleblower@carersqld.com.au

Date:			
<input type="checkbox"/> I consent to the use of the information provided in this report in accordance with Carers Queensland's policies and all relevant laws and regulations. (You do not have to answer any questions if you prefer not to or you do not have the relevant evidence.)		<input type="checkbox"/> I would like a summary of my concerns and the proposed actions provided to me.	
<input type="checkbox"/> I wish to remain anonymous			
YOUR CONCERNS OR ALLEGATION OF IMPROPER CONDUCT			
No.	Subject	Description	
1	Location/s		
2	Person(s) involved in improper conduct (please provide name and details).		
3	What is the nature of the improper conduct?		
4	Why do you think the information suggests that improper conduct may have occurred?		
5	Date (or approximate date) you identified the improper conduct.		
6	Over what period of time has the improper conduct occurred?		
7	How was the matter detected or how did you learn about it?		
8	Information about and evidence of the improper conduct is:	<input type="checkbox"/> Oral <input type="checkbox"/> Electronic <input type="checkbox"/> Documentary/written <input type="checkbox"/> Other	
9	Is any of the evidence in danger of being lost or destroyed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't know

10	Any known financial loss or estimated financial cost related to the matter?	
11	Details of others who may have information or may be witnesses	
12	Were you told of this matter by someone else? If so, who?	
13	Who else knows about this matter?	
14	Please state (in detail) if you have any concerns regarding reprisals or recriminatory action taken or that might be taken against you or any other person because of this report.	
15	Please include any other details which you believe are relevant.	

If you would like to provide more information about your concerns please provide your contact details below

Name	
Position (if applicable)	
Location	
Preferred phone number	
Preferred email address	