

WHISTLEBLOWER REPORT FORM

This form allows you to make a confidential disclosure about suspected misconduct, unlawful activity, or unethical behaviour at Wintringham. You may remain anonymous if you wish. All disclosures are handled in line with our Whistleblower Policy and relevant laws.

What is your relationship to Wintringham (select all that apply)

- Current Employee
- Former Employee
- Volunteer
- Contractor or Supplier (or their employee)
- Current client or service recipient
- Former client or service recipient
- Carer, support person family member, or legal representative of a current or former client
- Associate of the organisation
- Other (please specify)

Are you making this disclosure on behalf of someone else?

- Yes
- No

If yes: Please describe your relationship to the person on whose behalf you are making this disclosure:

Anonymity and Contact

Would you like to remain anonymous?

- Yes
- No

If you are willing to be contacted for follow up, please provide your preferred contact details:

Phone: _____
Email: _____
Other: _____

What type of concern are you reporting (select all that apply)

- Fraud, negligence, breach of trust or breach of duty
- Unethical or improper conduct
- Breach of legal or ethical standards
- Unsafe practices or endangerment to health, safety or dignity
- Financial malpractice or audit manipulation
- Environmental damage
- Serious waste of public resources
- Breach of Aged Care Act 2024 or related obligations
- Other (please describe)



Please describe the concern in detail

Who or what does your concern relate to?
(names, roles, departments, or programs if known)

When and where did the incident(s) occur?
(dates, times, locations)

Have you previously reported this concern to anyone else?
 Yes No

If yes, who did you report it to, and what was the outcome?

Do you have any evidence or supporting information?
 Yes No

If yes, please describe or attach any documents, emails or other evidence.

Desired Outcome and Support

What outcome are you seeking from this disclosure?
(e.g. investigation, corrective action, support, etc.)

Do you require any support or adjustments to participate in the process?
 Yes No

If yes, please describe the support or adjustments you require

Declaration

I declare that the information provided is true and correct to the best of my knowledge. I understand that knowingly making a false or malicious disclosure may have consequences under the policy.

I agree I do not agree