

Your Details (Optional)

You may remain anonymous if you would prefer. However, providing your details can help us investigate the issue more effectively. Your confidentiality will be protected.

First Name: (optional) _____

Last Name: (optional) _____

Date:

____/____/____

Phone Number: _____

Email: _____

Relationship to BASScare _____

Report Misconduct (not following the aged care law)

Date or period of concern _____ Time of concern _____

Location _____

Name of person(s) involved _____

Possible witnesses to the events _____

Details of the misconduct (please describe what happened, including any relevant facts, documents or evidence. Attach files if needed)

Supporting Evidence (Optional)

Attach any relevant evidence, documents, photos, files.

Confidentiality Preferences (Required)

- ☐ I wish to remain anonymous
- ☐ I consent to being contacted for further information
- ☐ I consent to disclosure of my identity for the purpose of resolving the matter
- ☐ I do NOT consent to my identity being disclosed to others in the investigation

Declaration (Required)

By submitting this form, I declare that the information provided is true and correct to the best of my knowledge. I understand that deliberately making a false or misleading report may have consequences.

- ☐ I confirm