

# Whistleblower Form

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## 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.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name (optional) \_\_\_\_\_

Last Name:(optional) \_\_\_\_\_

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)

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\_\_\_\_\_

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**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