**Whistleblower Disclosure Form**

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| **Question** |  **Detail** |
| 1. Please indicate which of the following best describes you (either former or current):

[ ]  Ability Works employee or officer[ ]  Supplier to Ability Works[ ]  Employee of a supplier[ ]  Director or Secretary of a related body corporate to Ability Workers/associate of Ability Workers[ ]  Relative of any of the above[ ]  Ability Works volunteer [ ]  Customer[ ]  Other (please specify)*This question is optional.* *Your answer to this question won’t preclude you from lodging this disclosure but may affect your entitlements under our policy and/or at law.\** |  |
| 1. If known, please identify the individual(s) involved in the suspected conduct.
 |  |
| 1. Are any individuals in the following roles involved in the suspected conduct?

*Your answer to this question may impact on Ability Works' investigation or escalation processes, in order to avoid sharing this disclosure with anyone suspected to be involved in the conduct.* | COOCEOBoard memberNone of the above |
| 1. Have you raised your concerns about the suspected conduct to any other person or entity?
 | Yes or NoIf yes, please specify who and when: |
| 1. Please outline your concerns regarding the suspected conduct. Provide as much detail as possible. Include what happened, when it occurred, where it occurred, what type of misconduct or conduct it is, and how you became aware of the misconduct.

*If required, please attach additional pages.*  |
| 1. Do you have any supporting evidence of the conduct? (attach if relevant)
 | Yes or No |
| 1. Are you aware of any other supporting evidence which may exist which is not described or attached above?
 | Yes or NoIf yes, what is it and how can it be accessed? |
| 1. Please provide any other details or information.
 |
| 1. Have you experienced, or do you expect you are likely to experience, any detriment or victimisation as a result of making this disclosure? If so, provide details.

*This may include intimidatory or threatening behaviour. Also include any concerns you may have that another person may suffer detriment or victimisation as a result of you making this disclosure.*  |

\*(Please note that eligible persons who make disclosures of protected matters to an eligible recipient are entitled to protections. Please see the Ability Works Whistleblower Policy for more information.)

**Your Details**

You do not have to complete this page if you would prefer to lodge your disclosure anonymously. Alternatively, you may respond with an alias and/or provide an email address or phone number that does not identify you. However, anonymous disclosures may affect the ability for the misconduct to be investigated fully and for you to receive appropriate protection and support. As such, it is recommended that you provide enough information to allow for two-way communication so that we can ask follow-up questions or provide feedback. Please see the Ability Works Whistleblower Policy on the website for more information about anonymous disclosures.

Any personal information that you supply is collected by Ability Works so that we may take appropriate actions and contact you in relation to your disclosure. We may provide your information to third parties where required by law or so that such third parties may provide us with services in connection with our investigation of the disclosure. Please refer to our [**Privacy Policy**](https://cancerqld.org.au/about-us/our-privacy-policy) for further details. By providing your information to us you consent to your information being disclosed or used for this purpose. We will take reasonable steps to ensure that such third parties deal with your information appropriately and only for the purposes relating to the investigation of the disclosure. Our [**Privacy Policy**](https://cancerqld.org.au/about-us/our-privacy-policy) explains how you can contact us to access and correct your personal information or make a privacy complaint.

First name: ­­­­------------------------------------------------------------------------------------------

Surname: -----------------------------------------------------------------------------------------

Telephone: -----------------------------------------------------------------------------------------

Email: -----------------------------------------------------------------------------------------

Address: -----------------------------------------------------------------------------------------

Preferred contact method: Phone or email: --------------------------------------------------