



DIPLOMACY TRAINING PROGRAM

AFFILIATED WITH THE FACULTY OF LAW & JUSTICE AT THE UNIVERSITY OF NEW SOUTH WALES
A training program for peoples of the Asia-Pacific region

Annexure A Whistleblower Report Form Private & Confidential

If you wish to report any Misconduct under the Whistleblower Protection Policy, you should complete this form and give it to the Whistleblower Contact Officer. By doing this, you invoke the whistleblower reporting mechanism and you will be entitled to the protections contained in the Whistleblower Protection Policy provided the report is made on reasonable grounds.

SECTION A – REPORTER DETAILS

Do you wish your identity to be kept confidential?

☐ yes ☐ no

If you wish your identity to be kept confidential, the Whistleblower Contact Officer will not provide your identity details to the Diplomacy Training Program's Chair/Deputy Chair (the WPP Investigator).

Name: _____

Position: _____

Practice Group/Division: _____

Office: _____

SECTION B – DETAILS OF MISCONDUCT

What Misconduct do you believe has occurred?

Who do you believe is involved in the Misconduct?

When do you believe the Misconduct occurred?

Do you believe anyone else knows about the Misconduct? If so, who?

Do you believe that any policies or controls have been breached or circumvented?

Do you have any evidence such as documents or witnesses? If so, what or who? (Please attach a copy of any relevant documents.)

Have you made any previous reports about the Misconduct? If so, when and to whom?

SECTION C – REPORTER’S SIGNATURE

Reporter’s signature: _____

Date: _____

Reporter’s signature: _____

SECTION D – OFFICE USE ONLY

Name of Whistleblower Contact Officer: _____

Office: _____

Telephone: _____