WHISTLEBLOWER DISCLOSURE FORM

For Aged Care Services only

All information provided in this disclosure is confidential and is protected under the *Aged Care Act 2024* Whistleblower legislation. Seymour Health has an obligation to keep all information you give us safe, secure and confidential, including your identity.
Reports can be made by residents, clients, family / friends, staff, volunteers and contractors.

Today's Date: _____ / _____ / _____

Is the disclosure one of the following?

☐ Failure to meet aged care quality and safety standards
☐ Breach of the Statement of Rights or Statement of Principles
☐ Non-compliance with regulatory requirements under the *Aged Care Act 2024*
☐ Misconduct or inappropriate behaviour by aged care workers
☐ Systematic issues affecting the quality or safety of aged care services
☐ Financial irregularities or misuse of aged care funding
☐ Other conduct that may constitute a breach of the *Aged Care Act 2024*

Location: ☐ Barrabill House ☐ District Nursing Service ☐ Social Support Group

Details of disclosure:

Date/s of incident: _____
Time of incident: _____
Where known, include location & who was involved.
If you require more space please attach a separate piece of paper.

_____
_____
_____
_____
_____
_____
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_____

Do you have any evidence?
This is not required to submit a disclosure, but is helpful for investigation purposes.
☐ Documents ☐ Photos ☐ Messages ☐ CCTV ☐ Witness ☐ Other:

Evidence details: _____
_____

Evidence attached: ☐ Yes ☐ No (or use the contact details below to supply evidence)

Preferred outcome:

Would you like to be contacted with an outcome of your disclosure or remain anonymous?

☐ I'd like to be contacted with a summary of any review / investigation

☐ I'd like to remain anonymous

Contact details:

Your details are optional. You can remain anonymous. If you do provide your details they will be kept confidential at all times with the Whistleblower Protection Officer.

Name: _____

Address: _____

Phone: _____

Email: _____

Preferred method of reply: ☐ Letter ☐ Phone ☐ Email

Submit your disclosure:

You can submit your disclosure by mail, email, verbally or place the form into the feedback box at our Hospital front reception. You can also complete an online disclosure via our website.

Whistleblower Protection Officer
Seymour Health
Bretonneux St, Seymour, VIC, 3660

SHWhistleblower@seymourhealth.org.au

03 5793 6100
Ask for the Whistleblower Protection Officer

www.seymourhealth.org.au
More information available on our website

You can also submit a disclosure to the following:

Aged Care Quality and Safety Commission

www.agedcarequality.gov.au

1800 951 822

Department of Health Disability and Ageing

www.health.gov.au

1800 020 103

If you need help reporting your concern:

Older Persons Advocacy Network (OPAN)

www.opan.org.au

1800 700 600