Department of Planning and Environment



Serious wrongdoing reporting form

Before completing this form

Please ensure you have read and comply with the guidance provided on the Reporting wrongdoing webpage before completing this form.

Note that questions marked with an asterisk (*) are mandatory.

Section 1: Personal information

Note that you are not required to provide us with your personal details and may remain anonymous. However, doing so may reduce our ability to progress the report as we will not be able to contact you to verify or obtain further information. We will also not be able to advise you of the outcome of our assessment.

Any personal information you do provide will not be disclosed without your consent to anyone not involved in the assessment process or as otherwise required of the department under law.

Q1.1 Do you wish to provide your personal details? *

$\left(\begin{array}{c} \\ \\ \end{array} \right)$	Yes (complete the following) No (skip to Q1.2)	
	Title (Mr, Mrs, Dr etc.)	
	Name	
	Email	
	Email (confirm email)	
	Telephone	
	Street address	
	Town / suburb	
	Postcode	

Q1.2 Are you a NSW Government agency employee, contractor, or volunteer? *
Yes (complete Q1.2.a)
No (skip to Q1.3)
O Prefer not to say (skip to Q1.3)
Q1.2.a If Yes, is this for the Department of Planning and Environment?
OYes
○ No
Q1.3 Are you making this report on behalf of someone else? *
Yes (complete Q1.3.a)
○ No (skip to Q1.4)
Q1.3.a If Yes, do you have their consent to make this report on their behalf?
○ Yes complete Q1.3.b
○ No (skip to Q1.4)
Q1.3.b If Yes, what is the name of the other person?
Q1.4 Have you (or the person above) submitted this report to any other person/agency?
○ Yes (complete Q1.4.a and Q1.4.b)
O No (skip to Section 2)
Q1.4.a If yes, to which person or agency?
Q1.4.b What was the response/outcome (if known)?

Section 2: Summary of the wrongdoing

Q2.1 Tell us w	hat happened *		

	s possible, listil	ng multiple date	s for multiple inc	idents)	
2.3 Where	did it occur?	? *			
2.4 Wby d	a vou conci	doritto box	.wonadoina?	. .	
2.4 Willy do	you consid	der it to be v	wrongdoing?	*	

Q2.5 What are the details of the person/s who committed the wrongdoing?

(Enter as much information as possible or write "unknown". If needed, other persons may be added in "Any other relevant details below") *

Person 1	
Title (Mr, Mrs, Dr etc.)	
Name	
Position title	
Business area	
Telephone	
Street address	
Town / suburb	
Postcode	
Person 2	
Person 2 Title (Mr, Mrs, Dr etc.)	
Title (Mr, Mrs, Dr etc.)	
Title (Mr, Mrs, Dr etc.) Name	
Title (Mr, Mrs, Dr etc.) Name Position title	
Title (Mr, Mrs, Dr etc.) Name Position title Business area	
Title (Mr, Mrs, Dr etc.) Name Position title	
Title (Mr, Mrs, Dr etc.) Name Position title Business area	
Title (Mr, Mrs, Dr etc.) Name Position title Business area Telephone	
Title (Mr, Mrs, Dr etc.) Name Position title Business area Telephone	
Title (Mr, Mrs, Dr etc.) Name Position title Business area Telephone Street address	
Title (Mr, Mrs, Dr etc.) Name Position title Business area Telephone Street address	

Person 3	
Title (Mr, Mrs, Dr etc.)	
Name	
Position title	
Business area	
Telephone	
Street address	
Town / suburb	
5	
Postcode	
Any other relevant details?	

Section 3: Information supporting the report

No (skip to Section 4		
Q3.1.a Witness deta (Enter as much info		sible or write "unknown").
Witness 1		
Title (Mr, Mrs, Dr etc.)	
Name		
Organisation		
Telephone		
Street address		
Town / suburb		
Postcode		
la thia naraan awar	you are makin	g this report?
○ Yes		
○ Yes ○ No ○ Unknown	oes this person	have?
○ Yes ○ No ○ Unknown	pes this person	have?
○ Yes ○ No ○ Unknown	oes this person	have?
○ Yes ○ No ○ Unknown	oes this person	have?
○ Yes ○ No ○ Unknown	pes this person	have?
○ Yes ○ No ○ Unknown	oes this person	have?
○ Yes ○ No ○ Unknown	oes this person	have?
○ Yes ○ No	oes this person	have?

Witness 2	
Title (Mr, Mrs, Dr etc.)	
Name	
Organisation	
Telephone	
Street address	
Town / suburb	
Postcode	
YesNoUnknown What information does this person have	e?

witness 3	
Title (Mr, Mrs, Dr etc.)	
Name	
Organisation	
Telephone	
Street address	
Town / suburb	
Postcode	
Is this person aware you are making thi Yes No Unknown What information does this person have	

Section 4: Additional information

2 Includ	le any docur	nonte that a	re relevant to	vour report	
			udio or video re		
Q4.2.a Pl	ease list and	briefly explai	in how each d	locument sup	ports your rep

Section 5: Review and send

5.a Review

Please review the information that you have provided and then complete the following statements (by ticking the box if you agree).

1.	I declare that I have understood the questions and the information I have provided is true and complete to the best of my knowledge * Agree *
2.	I understand that it is an offence to provide false and misleading information to a public authority under Part 5A of the <i>Crimes Act 1900 (NSW)</i> . ★ ☐ Agree ★

Note that the department may not consider your report if both boxes are not ticked.

5.b Send

Please send your report (and any documents) to either:

Email - ethics@dpie.nsw.gov.au, or

Mailbox – Locked Bag 5022, Parramatta NSW 2124 (Attention Ethics Branch)

Notes

- If you decide to provide additional supporting documents at a later date, please send them as above and note the date of your original report. Please also quote the reference ID which Ethics Branch will have provided to you in its acknowledgement (if your report was not submitted anonymously).
- If you send your report and documents via mail, please ensure you take a copy and store these securely for future reference.