Whistleblower Report Form

Settlement Services International Limited and its subsidiary entities (**SSI Group**) welcomes reporting of any instances of suspected wrongdoing, including unethical, illegal, or fraudulent conduct involving SSI Group.

SSI Group recommends you seek legal advice and read our Whistleblower Policy before submitting a whistleblower report. All reports and correspondence will be treated in confidence.

Using this form is **one way** to report; it is not mandatory to use this form. You have the right to remain anonymous when making a disclosure and still be entitled to legal protections, however, remaining anonymous may limit the support we are able to offer you and may also limit SSI Group’s ability to investigate the matter.

Current or former Board members, staff, volunteers, contractors, suppliers and consultants of SSI Group (and the relatives, dependents and spouses of the above) may be protected under whistleblower laws. For more information on what qualifies as a disclosure and the circumstances where the whistleblower protections apply, please refer to SSI Group’s Whistleblower Policy.

**Note:** Staff grievances should use the SSI’s Grievance Resolution Policy and Procedure.

**Where to send your report form once it is completed**

Address to the attention of: An Eligible Recipient, using their name (refer to SSI’s Whistleblower Policy for information as to who is an Eligible Recipient and who disclosures should be made to).

Mail to: Settlement Services International Limited

Level 2, 158 Liverpool Rd, Ashfield NSW 2131

**Please mark the front of the envelope “Private and Confidential”**

Do not email this form (as other staff may have access to the Eligible Recipient’s mailbox, and therefore confidentiality cannot be assured)

Consent to disclose identity

Please note the person receiving this report will take steps to protect your identity in relation to this report in every practicable way, unless you consent to the disclosure of your identity (below), or your identity is otherwise disclosed in accordance with SSI Group’s Whistleblower Policy. Please select one of the below.

|  |  |
| --- | --- |
|  | I consent to my identity being disclosed in relation to this report for the purpose of investigation. |
|  | I wish to remain anonymous, however I would like to assist with, and be updated on, the investigation process through anonymous contact details, which I have included below (You will need to provide us with contact details) |
|  | I wish to remain anonymous, however I would like a summary of my report and proposed action to be provided to me. (You will need to provide us with contact details) |
|  | I wish to remain anonymous, and I do not wish to have any further contact about this report. (You do not need to complete the identity information at the end of this form). [Note that this may impact on the ability to investigate this matter,] |

|  |  |  |
| --- | --- | --- |
| What is the nature of the wrongdoing you wish to report? | | |
|  | Fraud, negligence, default, breach of trust or breach of duty | |
|  | Criminal conduct (including theft, drug sale/use, violence or threatened violence, and criminal damage against property) | |
|  | Financial irregularities, including fraudulent financial reporting or accounting practices, money laundering or misappropriation of funds | |
|  | Offering or accepting a bribe | |
|  | Failure to comply with, or breach of, legal or regulatory requirements; and | |
|  | Engaging in or threatening to engage in detrimental conduct against a person who has made a disclosure or is believed or suspected to have made, or be planning to make, a disclosure. | |
|  | Other (please provide details) |  |

|  |
| --- |
| Details of wrongdoing |
|  |

OPTIONAL

Please provide additional information to assist our investigation, especially if you wish to remain anonymous.

|  |  |
| --- | --- |
| **Person(s) involved in wrongdoing (please provide names and details)** | |
| Name(s) |  |
| Relationship to SSI Group or position at SSI Group |  |
| Contact number(s) |  |
| E-mail address(es) |  |

|  |  |
| --- | --- |
| **Witnesses (if any)** | |
| Name(s) |  |
| Relationship to SSI Group or position at SSI Group |  |
| Contact number(s) |  |
| E-mail address(es) |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Further information** | | | | | | | |
| 1 | Why do you think the information you have provided suggests that a wrongdoing may have occurred? |  | | | | | |
| 2 | Provide the date when you suspected the wrongdoing took place |  | | | | | |
| 3 | Over what period of time has the suspected wrongdoing occurred |  | | | | | |
| 4 | How was the wrongdoing detected or how did you learn about it? |  | | | | | |
| 5 | Do you have information or evidence of the wrongdoing? |  | Yes |  | No | | |
|  | Documents |  | Verbal |  | Electronic |
|  | Other (provide details) | |  | | |
| 6 | Is the evidence in danger of being lost, destroyed or contaminated? |  | Yes |  | No |  | Not sure |
| If yes, give details | |  | | | |
| 7 | Is there any perceived financial loss as a result of this wrongdoing? |  | Yes |  | No |  | Not sure |
| If yes, give details | |  | | | |
| 8 | Who else may have information about this wrongdoing? |  | | | | | |
| 9 | Did someone tell you about this wrongdoing? |  | Yes |  | No | | |
| If yes, give details | |  | | | |
| 10 | Did you talk to someone else about this wrongdoing? |  | Yes |  | No | | |
| If yes, give details | |  | | | |
| 11 | Did you report this wrongdoing to an external agency? |  | Yes |  | No | | |
| If yes, give details | |  | | | |
| 12 | Do you have any concerns regarding reprisals or detrimental action that may be taken against you or any other person because of this report? |  | Yes |  | No |  | Not sure |
| If yes, give details | |  | | | |

|  |  |
| --- | --- |
| **DETAILS OF THE WHISTLEBLOWER** (person lodging the report).  If you are lodging this report and agree to be contacted for more information or during the investigation, please provide contact details in this section. | |
| Name |  |
| Relationship to SSI Group or position at SSI Group |  |
| Address |  |
| Preferred telephone number |  |
| Email address |  |
| Signature |  |
| Date |  |

Next steps

* On receiving this report, the Eligible Recipient will contact you within two (2) business days.
* The matter will be assessed and may be investigated in line with the Whistleblower Policy.
* If you provide your details, we may contact you for further information if required.
* If you provide your details, we will keep you updated and informed of the action taken in response to your report, including the progress and outcome of any investigation.