Ν	lisconduct (whistleblo	ower) disclosure		
	Version: 1.0	Date Approved: 29	Date Approved: 29/05/2023	
A >	Doc ID: HRE-FOR-006	Administrator: Com	mercial Counsel	
autismsa	Approval Authority: Board of Directors			
	CONFIDENTIAL			
 Are you an eligible person?* The following people are considered an 'eligible person': Employees, and any person associated with employees Contractors, consultants, service providers, suppliers, business partners, volunteers Former employees 			☐ Yes ☐ No	
Do you want your report to remain anonymous?			□ Yes □ No	
If known, provide de Provide first and last name,	tails of the individual(s) involve and role at Autism SA.	ed in the suspected mis	conduct.	
	nation is not sent to any perso cluded in your concern.	n involved, please indic	ate which (if any)	
□ Chief Executive Off	icer			
Executive Manager	, Corporate Services			
Executive Manager	Operations			
Executive Manager Community	People, Culture and Safety□ Ex	ecutive Manager Clinical	Care and	
Have you contacted	anyone else in relation to the n	nisconduct?	☐ Yes □ No	
Provide details relati	ng to the misconduct. Please p	provide as much detail a	s possible.*	
concern, are you aware of a The following are some type Fraud Illegal activities Corruption Dishonesty Unethical acts Creating an unsa Acting outside of Discrimination	t happen, where did it happen, what type any other witnesses to the concern? es of misconduct that should be reported fe environment policy, procedure or code (e.g. a Code of is detrimental to Autism SA and could car	Conduct)		



Do you have any sup	porting evidence?	□ Yes □ No		
Are you aware of any supporting evidence that may be available?				
Please provide any other details or information that may assist us in our investigation.				
-	have any concerns of retaliation (ie discrimination or intimid son may suffer (or have already suffered) because of this rep			
Eligible persons who make	protected disclosures are entitled to protection			
does not identify you. Howe for you to receive appropriat It is recommended that you questions or provide feedba Any personal information that in relation to your miscondur report or the law may comper- required by law or so that su to our Whistleblower Policy disclosed or used for this put appropriately and only for the	provide enough information to allow for two-way communication so that we can a	igated fully and ask follow-up and contact you nature of your as where . Please refer ation being our information y Policy		
Name				
Phone				
Email				
Address				
Preferred method of contact	Phone			
	□ Email □ Post			
What is your connection with Autism SA (ie employee, volunteer, supplier, supporter, service user)				
Email this form to	whistleblower@autismsa.org.au Only our eligible recipients have access to this email. Our eligible recipients ar webpage. You may also email this form directly to one of our eligible recipients			

