# DCA’s Whistleblower Protection Disclosure Form

The Board of Directors of DCA are committed to fostering a culture of compliance, ethical behaviour and good corporate governance. DCA values teamwork, respect and integrity and wishes to encourage a culture where any officer, employee or contractor does not suffer detriment because of speaking up about potential misconduct concerns. DCA appreciates you taking the time to bring matters of concern to our attention; thank you for speaking up.

This form may be used by anyone who is or was a director, other officer, employee, contractor, consultant, volunteer, supplier, supplier’s employee, as well as a parent, grandparent, child, grandchild, sibling, spouse or dependant of any of these individuals.

This form is part of DCA’s whistleblower program and is intended to assist you make a disclosure in relation to DCA, or an officer or employee of DCA, under DCA’s Whistleblower Policy.

Use of this form (including provision of all information requested in it) is optional and it is open to you to make your disclosure in another way.

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| **Whistleblower Protection Officer  Operations Director** | Telephone: +61 3 9067 8001  Email: [wpo@dca.org.au](mailto:wpo@dca.org.au)  Mail: Diversity Council Australia, Hub Southern Cross, Level 2, 696 Bourke St, Melbourne VIC 3000 | |
| **Alternate Whistleblower Protection Officer Chair of DCA** | Telephone: +61 2 7209 9088  Email: [chair@dca.org.au](mailto:chair@dca.org.au) | |
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You may provide this form to us by email, post or hand via:

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| **SECTION A: CONSENT** | | | |
|  | I consent to my identity being shared in relation to this disclosure; OR | | |
|  | I wish for my identity to remain anonymous  *(****If you wish to remain anonymous, you do not need to complete section B and Section C***) | | |
|  | I consent to being contacted about my disclosure  (***If so, please complete Section C***) | | |
|  | I wish to receive updates about my disclosure  (***If so, please complete Section C***) | | |
| **SECTION B: PERSONAL DETAILS** | | | |
| **Name:** | |  | |
| **Address:** | |  | |
| **Department / Team (if applicable):** | |  | |
| **Role / Position:** | |  | |
| **SECTION C: CONTACT DETAILS** | | | |
| **Preferred telephone no:** (*this may be a private number; please include country and area code*) | |  | |
| **Preferred email address:**(*this may be a private email address*) | |  | |
| **Preferred contact method:** (*phone / email / in person*) | | Phone  Email  Mail  In person | |
| **Best time to contact you:** | |  | |
| **SECTION D: DISCLOSURE**  **All questions are optional – however, the more information that you provide, the easier it will be for us to investigate and address your concerns.** | | | |
|  | A description of your concerns, including:   * *Location* * *Time* * *Persons involved*   (*You are encouraged to include with this disclosure any supporting evidence you may hold – you may use box 7 or a separate page if you run out of space*) | |  |
|  | How did you become aware of the situation? | |  |
|  | Who was involved in the conduct, including any names, departments and position? | |  |
|  | Does anyone else know about the matters you are concerned about?  (*If yes, please describe any steps you have taken to report or resolve your concern and the outcome, if applicable*) | |  |
|  | Do you have any concerns about you or any other person being discriminated against or unfairly treated because of this disclosure? | |  |
|  | Do you think the reported conduct might happen again? | |  |
|  | Please include any other details which you believe are relevant | |  |