



REPORT OF SUSPECTED FRAUD / CORRUPT CONDUCT FORM

You are under no obligation to provide your name when giving us information. However, providing your name and a contact number allows us to ask you for more information later if necessary. This may become critical in carrying out proper investigations into your claim.

If you choose to remain anonymous we would appreciate you giving as much information as you can as we will have no details to contact you again for more information.

COMPLAINANT DETAILS

Title: _____ Given Name(s): _____

Surname: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Are you An: Employee Customer Reporting on behalf of someone else

DETAILS ABOUT THE PERSON OR ACT/S THAT YOUR COMPLAINT IS ABOUT (Please provide all available information about the person you believe committed the fraud and/or corrupt conduct.)

Title: _____ Given Name(s): _____

Surname: _____

Is the Information Relevant to: Something taking place within Port of Townsville Limited (the Port).
 Something taking place around the Port by outside persons or organisations

WHAT DO YOU THINK IS HAPPENING?

Please provide as much information as possible including relevant dates, names and locations (attach additional pages if required)

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