

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 Na	ame(s):				
Surname:								
Address:								
Suburb:								
State:	Postcode:							
Telephone Number:	Fax Number:							
Email Address:								
Are you An:	☐ Employee	Customer	r Repo	rting on behalf of son	neone 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 H	APPENING?							
Please provide as much information as possible including relevant dates, names and locations (attach additional pages if required)								
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HOW DID YOU BECOME AWARE OF THIS MATTER?
RELEVANT DOCUMENTS / SUPPORTING EVIDENCE
Please describe any documents you think are relevant to your complaint, or that would support your suspicions. Attach copies of any evidence you have to support your claim.

PRIVACY

The information provided on this form may be used to identify or investigate suspected fraud/corrupt conduct. The Port may need to contact external agencies to verify the information contained in this form as required. The Port may be required to transfer this information to external agencies as part of the identification and/or investigation process. This may include transfer to agencies such as Queensland Police Service, the Port's shareholding Ministers or other agencies as required by law.

WHERE TO SEND THIS FORM

Please forward this completed form to: -

Chief Executive Officer Port of Townsville Limited PO Box 1031 TOWNSVILLE QLD 4810

OR

Facsimile: 07 4781 1525

Thank you for providing the Port with information about suspected fraud and/or corrupt conduct.

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Check revision number against e	niny in Quuos – Masier	Page	2 of 2	