|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Internal Report Form** To be completed by an internal reporter and submitted to a nominated disclosures officer *(Refer to the Uralla Shire Council Internal Reporting Policy 2019 for further details)* | | | |
| **Details of reporter** *(You can make an anonymous report by leaving this section blank)* | | | | |
| Name: | |  | | |
| Position: | |  | | |
| Division/Unit: | |  | | Preferred method of contact |
| Telephone: | |  | | Telephone |
| Email: | |  | | Email |
| Postal address: | |  | | Post |
| **Details of the wrongdoing being reported** | | | | |
| Description:   * *What happened?* * *Where did this happen?* * *When did this happen?* * *Is it still happening?*   *[Attach an additional page if required]* | |  | | |
| How did you become aware of this? | |  | | |
| Name and position of people involved in the wrongdoing: | | Name | Position | |
|  |  | |
|  |  | |
|  |  | |
| Attach any additional relevant information or indicate where supporting evidence may be found: | | Supporting evidence | | Attached |
|  | |  |
|  | |  |
|  | |  |
| Name and position of other people who may have additional information: | | Name | Position | |
|  |  | |
|  |  | |
|  |  | |
| **Statement** | | | | |
| I honestly believe that the above information shows or tends to show wrongdoing.   |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | | Signature of reporter  *(Do not sign if you want to make an anonymous report)* |  | Date report submitted *(Essential information)* | | | | | |