**Purpose**

This document supports Cancer Council Queensland’s (CCQ) Whistleblower Guideline and sets out the procedure to be followed when a Misconduct Disclosure is made by a Whistleblower to an Internal Eligible Recipient or by a Whistleblower to an External Eligible Recipient who then refers or reports the matter to CCQ for a response or further investigation. Individuals wishing to make a disclosure should first familiarise themselves with the Whistleblower Guideline to ensure that the disclosure is a Misconduct Disclosure and to determine whether they are an Eligible Whistleblower making a Protected Disclosure.

Please refer to Schedule 2 of the Whistleblower Guideline for a flowchart to assist Whistleblowers and Internal Eligible Recipients in understanding the basic steps that are to be followed when making or receiving a Misconduct Disclosure.

**DEFINITIONS**

Refer to Schedule 1 of the Whistleblower Guideline for definitions of terms not defined in the body of this Procedure.

**RESPONSIBILITIES**

Each of the individuals and groups that have roles in the reporting, investigation, dissemination of findings and information and implementation of recommendations following an investigation is responsible for their part in the implementation of this Procedure.

**REPORTING MISCONDUCT DISCLOSURES**

Where a Whistleblower wishes to make a Misconduct Disclosure internally, that Whistleblower is encouraged to report their concern to an Internal Eligible Recipient (in person, by phone, in writing or by submitting the on-line Whistleblower Form). The Whistleblower must inform the Internal Eligible Recipient that they wish to make a report under the Whistleblower Guideline.

If a CCQ employee, who is not an Internal Eligible Recipient, is put on notice of a potential Misconduct Disclosure, that employee should not accept the disclosure but should instead direct the Whistleblower to an appropriate Internal Eligible Recipient. The protections available for Whistleblowers (as set out in the Guideline under the “Protection of Whistleblowers” section) are only available if the Whistleblower makes the Misconduct Disclosure directly to an Eligible Recipient.

If an individual who is an Internal Eligible Recipient at the time of receiving a Misconduct Disclosure ceases to satisfy that definition (e.g. the individual is no longer a CCQ employee), prior to the outcomes being provided to the Whistleblower (see the ‘Findings’ section below), the individual must give the Whistleblower an opportunity to select and communicate with an alternative Internal Eligible Recipient.

Whistleblowers will have the option to make a Misconduct Disclosure anonymously (or using a pseudonym), securely and outside of business hours. Whistleblowers may wish to use the Whistleblower Form available on CCQ’s website for that purpose. If a disclosure comes from an email address or phone number from which the person’s identity cannot be determined, and the Whistleblower does not identify themselves in the email or phone call, it will also be treated as an anonymous disclosure. A Whistleblower may also refuse to answer questions that they feel could reveal their identity. However, CCQ encourages Whistleblowers to disclose their name and contact details to help the Protected Disclosure Committee (PDC) to fully investigate the allegations being made and provide the Whistleblower with protection, support and updates on the progress of and outcomes of the investigation.

Misconduct Disclosures should, where possible, be in writing and should contain, as appropriate, details of:

* the nature of the alleged misconduct;
* the person or persons responsible for the misconduct;
* the facts on which the Whistleblower’s belief that misconduct has occurred, and has been committed by the person/s named, are founded; and
* the nature and whereabouts of any further evidence that would substantiate the Whistleblower’s allegations, if known.

Evidence to support the Misconduct Disclosure should be provided by the Whistleblower at this time, if it exists. The absence of such evidence will be taken into account in deciding whether to open an investigation into the matter. However, absence of such evidence is not an absolute bar to the activation of CCQ’s investigative procedures. The Misconduct Disclosure is sufficient to trigger reporting responsibilities as set out under the heading “Notification and Reports” below.

**PROTECTED DISCLOSURE COMMITTEE**

Misconduct Disclosures through the online Whistleblower Form will be sent directly to CCQ’s Whistleblower Officer (CCQ’s Chief Financial Officer). Alternatively, if the disclosure is to an Internal Eligible Recipient, the Internal Eligible Recipient will, as soon as practicable, inform the Whistleblower Officer. Internal Eligible Recipients may wish to assist a Whistleblower to fill out and submit the Whistleblower Form so that all relevant information is captured and provided to the Whistleblower Officer.

If the Whistleblower Officer is the subject of the disclosure, then the Whistleblower Form will instead be sent to, or the Internal Eligible Recipient will instead inform:

1. the General Manager, People (Employment and Volunteering);
2. the Chief Executive Officer; or
3. the Chair of the Board,

as appropriate, depending on whether any of those individuals are involved.

The Whistleblower Officer and the General Manager, People (Employment and Volunteering) will constitute the PDC. If the Misconduct Disclosure relates to the Whistleblower Officer and/or the General Manager, People (Employment and Volunteering), that person will not be a member of the PDC and the PDC will instead consist of one or more of CCQ’s Directors, General Managers or the CEO, who is not the subject of the Misconduct Disclosure (and the initial disclosure by the Internal Eligible Recipient may be to one of those individuals). The PDC will consist of a minimum of two members. If the Whistleblower Officer is a member of the PDC then the Whistleblower Officer will act as the Chair of the PDC. Failing that, the PDC will choose one of their members to be the Chair of the PDC.

**NOTIFICATION AND REPORTS**

On receiving a Misconduct Disclosure, the PDC shall notify the Chief Executive Officer (CEO) in writing. The CEO shall be responsible for ensuring that the investigation by the PDC is commenced, adequately resourced and appropriately carried out. If the Misconduct Disclosure relates to the Chief Executive Officer the PDC shall instead provide written notice to the Chair of the Board or, failing that, any Director who is not the subject of the complaint and that person will take on those responsibilities.

The seriousness of the Misconduct Disclosure will be assessed by the PDC using the Risk Matrix (annexed to the CCQ Risk Management Framework). All Misconduct Disclosures that are assessed as being Moderate, High or Very High risk (or which exceed CCQ’s Risk Tolerance for that type of risk) will be reported by the PDC to CCQ’s Company Secretary, the Finance, Audit and Risk Management (FARM) Committee and the Board. In addition, in accordance with the CCQ Delegation of Authority Policy, all Misconduct Disclosures involving fraud (regardless of their risk assessment) will be reported to the FARM Committee and the Board. Reports to the Company Secretary, FARM Committee and the Board must not contain information that discloses the identity of the Whistleblower nor information that is likely to lead to the identification of the Whistleblower, unless consent has been obtained from the Whistleblower; or if the Company Secretary, the FARM Committee or the Board, as applicable, will be directly involved in handling and investigating the Misconduct Disclosure. All reports referred to above will not be provided to any individuals that are the subject of the complaint.

**INVESTIGATION**

The PDC shall:

* assess the risk of Detriment to the Whistleblower or any other person as soon as it receives a Misconduct Disclosure;
* ensure that disclosures may be made anonymously, and that anonymity shall be preserved by CCQ;
* ensure that the confidentiality of disclosures is, as far as practicable and reasonable, preserved by CCQ;
* assess whether the disclosure is:
1. a Protected Disclosure (i.e. within the scope of the Corporations Act);
2. in relation to a Serious Breach; or
3. falls outside the scope of the Guideline (e.g. the disclosure relates to a work-related grievance);
* if a Misconduct Disclosure is made anonymously, still assess the material that is provided and investigate to the extent possible;
* ensure that there is enough information to form a reasonable basis for investigation and gather evidence and request further information from the Whistleblower where required and it is possible to do so;
* ensure that the allegation is investigated as soon as practicable after the matter has been reported and a finding is made;
* conduct an investigation of a Misconduct Disclosure in a thorough, objective, independent and fair manner, and otherwise as is reasonable and appropriate having regard to the nature of the Misconduct Disclosure and the circumstances;
* ensure that the investigation observes the principles of natural justice and procedural fairness (i.e. the investigation will be without bias, based on logical evidence and affected individuals will be given an opportunity to be heard);
* ensure that secure written records are kept in relation to the disclosure, notification, assessment, investigation and outcomes of the investigation (see also the “Security” and “Findings” sections below);
* provide periodic updates to the Whistleblower as to the status of the investigation (where appropriate) and the outcome of the investigation (see the “Findings” section below). If the Misconduct Disclosure has been made anonymously via an Internal Eligible Recipient the PDC will provide the updates and outcome to the Internal Eligible Recipient for them to pass on to the Whistleblower;
* where the Misconduct Disclosure relates to a service that CCQ provides pursuant to a contract with the Queensland government the PDC will consider whether the Human Rights Act would apply to that service and if so, the PDC must consider and act compatibly with human rights; and
* where the Misconduct Disclosure relates to a Serious Breach of the Whistleblower’s human rights under the Human Rights Actthe PDC must respond to the Whistleblower within 45 business days.

The PDC may appoint a person or organisation to assist in the investigations of a matter raised in a Misconduct Disclosure. This may include a technical or professional adviser.

Terms of reference for the investigation will be drawn up by the PDC to clarify the key issues to be investigated. An investigation plan will be developed by the PDC to ensure all relevant questions are addressed, the scale of the investigation is in proportion to the seriousness of the allegation(s), sufficient resources are allocated, and timelines are established for the conduct and conclusion of the investigation. The process for conducting an investigation may vary depending on the nature of the disclosure, however, the following principles will apply to all investigations where possible:

* strict confidentiality will be maintained during the investigative process, except to the extent that disclosure is required by law;
* all relevant witnesses will be interviewed, and documents examined;
* contemporaneous notes of all discussions, phone calls and interviews will be made;
* where possible, interviews will be recorded;
* all information obtained will be properly secured to prevent unauthorised access (see the following section); and
* the PDC and any other person/s involved in conducting the investigation shall be, as far as possible, unbiased.

Where adverse comment about a person is likely to be included in a report, the principles of procedural fairness and natural justice will be observed. Any affected persons will be given a reasonable opportunity to comment during the investigation and any comments will be considered before the report is finalised and any action taken (for example if the disclosure is serious and needs to be referred to ASIC or the Federal Police). CCQ will ensure that confidentiality is maintained where reasonable and practicable.

If an individual is identified or referred to in a disclosure, but is not accused of any misconduct, their identity will not be disclosed to anyone other than the PDC, unless it is reasonably necessary to conduct the investigation.

**SECURITY**

All information received, produced and shared in relation to a Misconduct Disclosure will be stored and transferred in a secure manner. In particular, the PDC will ensure that:

1. all paper and electronic documents and other materials relating to Misconduct Disclosures are stored securely e.g. in a locked filing cabinet or in accordance with the CCQ Information Technology Security Management Guideline, and will be retained until they are no longer required and they are legally permitted and/or required to be permanently destroyed;
2. all information relating to a Misconduct Disclosure can only be accessed by those directly involved in managing and investigating the Misconduct Disclosure;
3. only those people who are directly involved in managing and investigating a Misconduct Disclosure are made aware of a Whistleblower’s identity or information that is likely to lead to the identification of the Whistleblower;
4. communications and documents relating to the investigation of a Misconduct Disclosure are not sent to an email address or to a printer that can be accessed by other CCQ employees; and
5. each person who is involved in handling and investigating a disclosure is reminded that they should keep the identity of the Whistleblower and the Misconduct Disclosure confidential and that an unauthorised disclosure of a Whistleblower’s identity may be a criminal offence.

**Findings**

A report will be prepared by the PDC when an investigation is completed. This report will include:

* the allegations;
* a statement of all relevant findings of fact and the evidence relied upon in reaching any conclusions;
* the conclusions reached (including the damage caused, if any, and the impact on CCQ and other affected parties) and their basis; and
* recommended actions on those conclusions to address any wrongdoing identified and any other matters arising during the investigation.

A copy of the report will be provided to CCQ’s Chief Executive Officer (or if the CEO is the subject of the complaint to Chair of the Board or, failing that, any Director who is not the subject of the complaint). The PDC will inform the Whistleblower of the outcomes of the investigation (with any confidential information redacted) but the Whistleblower will not necessarily receive a copy of the report. Where the Misconduct Disclosure has been made anonymously via an Internal Eligible Recipient the PDC will provide the outcomes to the Internal Eligible Recipient for them to pass on to the Whistleblower.

Where the Misconduct Disclosure has been previously reported to the Company Secretary, the FARM Committee and the Board, a copy of the report (with any confidential information redacted) will also be provided to those individuals and groups.

**review**

After the conclusion of an investigation, if the Whistleblower has a genuine or reasonable concern that the Misconduct Disclosure has not been adequately dealt with, the Whistleblower may report these concerns to the Chair of the PDC. The Chair of the PDC will then inform the members of the original PDC and will refer the Misconduct Disclosure to the CEO (or if the CEO is the subject of the complaint to the Chair of the Board or failing, that any Director) in order to assess whether the concerns are genuine and reasonable, and if so an alternative PDC (consisting of different members to the original PDC) will be established to further investigate the Misconduct Disclosure.

The CEO (or Chair of the Board or other Director) is not obliged to reopen an investigation. The CEO (or Chair of the Board or other Director) can conclude a review if he/she finds that the investigation was conducted properly, or new information is either not available or would not change the findings of the investigation.

A Whistleblower may lodge a complaint with the relevant government body or regulator such as ASIC or the Queensland Human Rights Commission (if the complaint relates to a breach of the Human Rights Act) if they are not satisfied with the outcome of the PDC investigation or the decision of the CEO (or Chair of the Board or other Director).

**Eligibility**

This guideline applies to all CCQ employees, volunteers and interns and all potential Whistleblowers and Internal Eligible Recipients.

**Associated CCQ Documents**

* Workplace Policy
* Grievance Guideline
* Code of Conduct
* Risk Management Policy
* Risk Management Framework
* Risk Register
* Whistleblower Guideline
* Whistleblower Form

**References**

* *Public Interest Disclosure Act 2013* (Cth)
* *Corporations Act 2001* (Cth)
* *Treasury Laws Amendment (Whistleblowers) Bill 2017* (Cth)
* *Public Interest Disclosure Act 2010* (Qld)
* Whistleblowing at Your Not-For-Profit, A Leader’s Guide: <https://www.ourcommunity.com.au/files/whistleblowingbook.pdf>
* [ASIC Regulatory Guide 270: Whistleblower Policies (November 2019)](https://download.asic.gov.au/media/5340534/rg270-published-13-november-2019.pdf)
* ASIC Information Sheet 238 –Whistleblower Rights and Protections (1 July 2019)
* *Human Rights Act 2019 (Qld)*

**Human Services Quality Standards Indicators**

* HSQS Indicators 1.1, 1.7, 4.3, 5.1, 5.2, 5.3 and 6.5.