

CODE OF CONDUCT COMPLAINT FORM

In accordance with section 10.2 of the City of Karratha Employee Code of Conduct (the Code), this form should be completed, signed, and dated by the person making a complaint relating to a breach of the Code, and should be submitted to a Complaints Officer for the City of Karratha.

DETAILS OF PERSON MAKING THE COMPLAINT
Name:
Address:
Telephone no (mobile):
Telephone no (work):
Email address:

INCIDENT DETAILS (complete a separate form for each person involved)
Name of person alleged to have committed breach:
Date of alleged incident:
Please provide details of the alleged breach of the City of Karratha Employee Code of Conduct, including details of the act or omission that resulted in the breach and any additional information. Attach extra page(s) and any additional evidence (such as photos) if necessary.

WITNESS DETAILS	
Please state the details of any person(s) who witnessed the alleged breach, and <u>who is/are willing to provide information</u> in relation to the alleged breach.	
WITNESS NUMBER 1	
Name:	
Address:	
Telephone no (mobile):	
Telephone no (work):	
Email address:	
WITNESS NUMBER 2	
Name:	
Address:	
Telephone no (mobile):	
Telephone no (work):	
Email address:	
DECLARATION	
I declare that, to the best of my knowledge and belief, the information I have provided in this complaint form is not false or misleading. I note that a person who makes a false or misleading complaint commits a statutory offence.	
I further declare that I will keep the contents of this complaint confidential until any resulting investigation into it has concluded.	
Complainant's Signature:	
Date of signing:	