

# Whistleblower Report Form

The I-MED Radiology Network's Board, Executive and Senior Leadership Team are committed to a culture of integrity, transparency and accountability.

We encourage the reporting of behaviour, conduct or affairs that are not consistent with I-MED's values, expected standards of conduct and ethical behaviour – and the disclosure of matters in accordance with I-MED's Whistleblower Policy. Use this form to report a "Disclosable Matter" as defined in and set out in our Whistleblower Policy available on our intranet or website).

Please note that Disclosable Matters do not generally include certain personal work-related grievances, or patient feedback and general enquiries. You may refer to the Whistleblower Policy and other relevant policies available on our website or intranet (as relevant) for more information.

After completing this form, please email it to [sarah.lattimer@i-med.com.au](mailto:sarah.lattimer@i-med.com.au), I-MED's General Counsel and Company Secretary, for investigation.

We understand that there may be limited cases where you may have concerns about the suitability of making a disclosure through internal channels (such as, if the General Counsel is alleged to be involved in any Disclosable Matter).

In such cases, please do not submit this form and instead, download a copy of the form, complete it and send to I-MED's external recipient of Disclosable Matters, Workdynamic Australia, via email to [i-med@workdynamic.com.au](mailto:i-med@workdynamic.com.au). **Please be aware that this alternative recipient is reserved for only the most serious allegations of improper conduct that cannot be dealt with internally in the first instance.**

In such cases, Workdynamic Australia will gather relevant information from your Report (as provided in this form) and provide its report to an appropriate nominee of I-MED (as determined from time to time).

Where such circumstances arise, references in the Whistleblower Policy to the General Counsel may be read as references to Workdynamic Australia, where appropriate – e.g. as to the recipient of relevant information.

**Please note however that Workdynamic Australia will not necessarily be appointed to otherwise investigate the matters raised in your disclosure, and will not be responsible for administering the Whistleblower Policy or for any protections of the disclose – which remain the responsibility of I-MED as set out in the Policy.**

Thank you for helping us to live our values at I-MED Radiology Network

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| Your name:<br>Note that you may remain anonymous if you choose, in accordance with the Whistleblower Policy |  |
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| Your position: | <input type="checkbox"/> Current <input type="checkbox"/> Former<br><br><b>AND</b><br><br>Employee or officer (including a director or company secretary) of I-MED, including permanent, fixed term and casual employees;<br><br>person who supplies services or goods to I-MED, whether paid or unpaid (for example, a contractor, consultant, service provider, supplier or business partner), or an employee of such a supplier;<br><br>associate (within the meaning of the Corporations Act 2001 (Cth) (Corporations Act) of I-MED (including a director or secretary of and entity of I-MED, a person with whom an entity of I-MED acts in concert, or a person with whom I-MED is or proposes to become formally or informally associated);<br><br>relative (including a parent, child or sibling), or spouse (including a de facto partner) or dependent (or a dependent of the spouse) of staff or any person listed above;<br><br>Other (even if you do not fall into one of the above categories, you are still encouraged to raise any concern you have through the channels outlined in this policy. I-MED will still assess the concern raised and take appropriate steps. While I-MED may not be able to apply all of the protections set out in this policy to you in this circumstance, it will look for ways to support all people who raise a concern.) |
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| Date: |  | Contact details: |  |
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| Managers name: |  | Work location: |  |
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| Do you consent to the disclosure of your identity, or information contained in this document (which may lead to identification if your identity) to be disclosed? | <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note that this may limit our ability to investigate the matter - please refer to the Whistleblower Policy for further details). |
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Provide a clear and detailed description of the Disclosable Matter:

What happened: (Please provide specific examples.)

When did it happen: (Please provide date(s) and time(s) if applicable.)

Where did it happen:

Who was involved: (Please provide names, job titles (if known), as well as the name(s) of any witnesses.)

Have any steps been taken to address the issue? If so, please describe what steps were taken and the outcome of such steps (if known):

What actions would you like to see as a result of your disclosure?

Provide a description of any additional information or attached documentation that may be relevant to your complaint.