

Office use only

Name:

Reference:

1. Your details (the DISCLOSER)

Title	First Name	Surname	
Address	Business Name (if relevant)		
Suburb/Town	State	Post Code	
Telephone	Mobile		
E-mail			
How did you hear about us?			
Your relationship to the adult	Is the adult aware of this referral?		Yes No
Are you the adult's	Attorney (EPA) Guardian Administrator Informal Decision Maker N/A - not a decision maker for the adult		

*** If you are the adult's attorney/guardian/administrator, please provide copies of the documents/orders with this form.**

Do you wish to remain anonymous?	Yes	No	<i>Refer to <u>Appendix A</u> (at end of form) before answering this question.</i>
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2. Details of the adult you are concerned about (the ADULT)

Title	First Name	Middle name/s		
Surname	Gender	Male	Female	
		Other		
Address	Date of Birth			
Suburb/Town	State	Post Code		
Telephone	Mobile			
E-mail				

Please state the nature of the adult's impaired capacity (capacity to make decisions - not physical capacity)

- Dementia
- Cognitive Impairment
- Cerebrovascular Accident (CVA)/stroke
- Psychiatric Disorders (eg. neurodevelopmental disorders, schizophrenia spectrum and other psychotic disorders, bipolar and related disorders, n.b. this is not a complete list)
- Intellectual Disability
- Acquired Brain Injury (ABI)
- Unknown
- Other (please specify)

Observations (**briefly** which suggest the adult cannot make decisions in the **areas of concern both financial and personal matters** (MUST BE COMPLETED - attach separate page/s for more information)

Does the adult identify as Aboriginal and/or Torres Strait Islander?

- No
- Both
- Aboriginal
- Torres Strait Islander

Does the adult identify with a particular diverse culture and/or language?

- Yes
- No
- Details

Adult's country of birth

Language spoken at home

Does the adult need and interpreter?

- Yes
- No
- If yes, please specify language

Is the adult vision impaired?

- Yes
- No

Is the adult hearing impaired?

- Yes
- No

Are there any **children** under the age of 18 at the property where the adult lives?

- Yes
- No
- Unknown

If yes, is the child/children identified by you being at risk?

- Yes, provide details below
- No

Details of child/children at risk

Note: The Public Guardian does **not** investigate matters about children under 18. If you believe a child is in immediate danger or a life-threatening situation call Triple Zero (000).

If you have a reason to suspect a child in Queensland is experiencing harm, or is at risk of experiencing harm or being neglected, contact Child Safety Services on 1800 811 810 or www.csyw.qld.gov.au

3. Details of the adult's current medical practitioner or health care provider

Name Practice
Address
Telephone Fax
E-mail

4. Details of the person/s whose conduct is being complained about (the RESPONDENT/S)

Person 1

Title First name Surname
Address
Suburb/town State Post code
Telephone Mobile
E-mail

Relationship to the adult:

Please indicate in what capacity this person is making decisions on behalf of the adult	Attorney (EPA)	Guardian	Administrator
	Informal Decision Maker	Unknown	

Do you have concerns about this person taking any action against you (reprisal)?	Yes	No
	Don't know	

If yes, please provide details

Person 2 (if applicable)

Title First name Surname
Address
Suburb/town State Post code

Telephone

Mobile

E-mail

Relationship to the adult:

Do you have concerns about this person taking any action against you (reprisal)?

Yes No
Don't know

Please indicate in what capacity this person is making decision on behalf of the adult

Attorney (EPA) Guardian Administrator
Informal Decision Maker Unknown

If yes, please provide details

CONCERNS/ALLEGATIONS

5. FINANCIAL neglect, abuse or exploitation

Provide details for the concerns regarding management of the adult's finances. If you tick a box, you must state in the summary why you believe this is occurring. If you are not sure if the conduct falls into any of these categories, outline your concerns in the summary section.

Utilised the adult's funds in a way that is not for the adult's benefit (outline how in summary).
Given away the adult's property
Failed to keep accurate records of accounts of all dealings with transactions with the adult's property when acting as an appointed decision maker.
Invested in unauthorised investments.
Not consulted with other appointed decision makers regarding decisions made on behalf of the adult.
Failed to maintain the adult's dependents in a reasonable manner (this only relates to dependents, e.g. the adult's children who are under the age of 18 years or an adult who is dependent on the adult i.e. an adult child with an intellectual disability).

Summary of concerns - financial matters (please provide details)

Adult's assets

Who does the adult bank with?

What is the source of the adult's income?

Centrelink Age pension

Centrelink Carer's pension

Overseas pension

Self-funded retiree

Other

Centrelink Disability support pension

DVA pension/payment

Superannuation

Trust beneficiary

What assets does the adult own?

Residential home (please specify address)

Investment property (please specify address)

Vehicle/Boat/caravan

Financial investments/Shares

Superannuation

Company ownership/directorship

Interest in a deceased estate

Other (please specify details)

Please provide details

6. PERSONAL abuse/exploitation and neglect

Provide details for the concerns regarding personal matters. If you tick a box, you must state in the summary why you believe this is occurring. If you are not sure if the conduct falls into any of these categories, outline your concerns in the summary section. If you have significant concerns for the adult's personal safety contact the Police **immediately**.

The adult is being abused sexually - Also report your concerns to the Police as the first priority

The adult is being abused physically - Also report your concerns to the Police as the first priority

Verbal and or psychological abuse - Must provide specific details.

Other (please specify)

Is the adult safe?	Yes	No	If no, have you contacted the Police?	Yes
				No

If yes, please provide the Police station and officer's name with whom you have spoken.

Station

Officer

**Neglect/Care/
Contact**

The adult is neglecting their own needs and is at risk of harm

The adult is not receiving the appropriate level of care to meet their needs/medical treatment/assistance with their day to day living

The adult is not receiving adequate food or personal care

The adult is not allowed to have contact with friends and/or family, or contact is being unreasonably restricted. You must provide the following details: dates/times/locations the restriction occurred, details of who advised of the restrictions, any reasons provided for the restrictions and details of attempts to resolve the issue.

Other (please specify)

**Brief summary
of each concern
for personal
matters**

**DVO/Protection
Orders**

**Details of any
Domestic
Violence Orders
involving the
adult or any
other person
named on this
form including
the discloser**

Service Providers

Details of any support services/service providers (eg. Blue Care, Endeavour, NDIS, myagedcare)

Contact person

Organisation

Telephone
number/contact
details

Contact person

Organisation

Telephone
number/contact
details

Contact person

Organisation

Telephone
number/contact
details

7. Further potential contacts for the investigation who could provide relevant information about the concerns

Person 1

Title

First name

Surname

Address

Suburb/town

State

Post code

Telephone

Mobile

E-mail

Relationship to
the adult:

Person 2

Title

First name

Surname

Address

Suburb/town

State

Post code

Telephone

Mobile

E-mail

Relationship to
the adult:

8. Queensland Civil and Administrative Tribunal (QCAT) - are/have they been involved?

Are you aware of
any current/past
application to
QCAT seeking
the appointment
of an
administrator/
guardian for the
adult?

Yes. Provide details below

No

Application Type

Lodgement Date

Applicant Name/s	Does the adult know about the application?	Yes No
QCAT Reference Number	Hearing date	
Decision/orders (if applicable)	QCAT Case Officer's Name	

9. Available documents

If you are in possession of any relevant document such as those listed, please tick the relevant box. This information/document *may* be requested if an OPG Investigation proceeds.

Enduring Power/s of Attorney
 Revocation/s of Enduring Power/s of Attorney
 Advanced Health Directive
 QCAT Application Form
 QCAT/Orders/Decisions
 Medical reports/assessments/letters
 Care Facility documents
 Financial statements/documentation
 Will (if relevant to the specific concerns)
 Photos (if relevant to the concerns)
 Other

10. Please sign and date below (no signature required if form submitted electronically)

I acknowledge that by submitting this form to the Office of the Public Guardian, all information/documentation provided and statements given are true and correct.

Full name

Date

Signature

11. Checklist

Please complete checklist below

I have completed each section of the referral form relevant to the concerns raised
 I have NOT provided false or misleading information
 I have read Appendix A and the Investigations Process Fact Sheet
 I have provided copies of relevant documentation with the referral form (if available)
 I have signed and dated the referral form in the required format

12. Send form and documents to OPG (email is preferred)

Email: investigations@publicguardian.qld.gov.au

Mail: PO Box 13554, George Street QLD 4003

Fax: (07) 3738 9496

Appendix A

Please note the following when completing this form:

- Contact the Police if there is **immediate** risk to the safety of the adult
- Ensure your entries are legible
- With each concern raised, please provide a concise summary of your reasoning, and
- Send completed form to our Office as soon as possible.

What happens when the form is received at our Office?

- The form is assessed by the Team Leader Investigations within 14 days of receiving it
- The Team Leader Investigations will ascertain whether an investigation is the most appropriate course of action, and
- You will be advised of the outcome of this assessment in writing.

Information the Public Guardian is required to provide to the discloser

- **False or misleading information:** It is an offence to knowingly or recklessly make a false or misleading statement or provide false, misleading or incomplete documents to the Public Guardian (see s.138 and 139 of the *Public Guardian Act 2014*).
- **Disclosure of information by the Office of the Public Guardian:** Pursuant to s.142 of the *Public Guardian Act 2014*, The Public Guardian will only disclose information gathered during an investigation if the Public Guardian is satisfied the disclosure is necessary and reasonable in the public interest. This includes disclosing the identity of the person/s who raised the concerns to the Office. In deciding whether the disclosure is necessary and reasonable in the public interest, the public guardian must have regard to the following—
 - (a) any likely prejudice to the investigation
 - (b) any need to protect the identity of a complainant or another entity
 - (c) any circumstances of urgency.
- **Anonymity:** If you choose to remain anonymous:
 - you will not be entitled to any updates or information relating to the investigation
 - the ability to investigate any concerns raised by you that would identify you or accurately report your version in the Investigation Report may be affected due to your request for anonymity.

For example - you want us to investigate you not being able to visit with the adult.

- **Whistleblower protection:** a person is not liable – civilly, criminally or under an administrative process – for disclosing to an investigator information about a person's conduct that breaches the GAA, POA or the PGA(1). For example, if the information you provide is defamatory or you are required to keep the information confidential under another Act, oath, and rule of law or practice(2).
- **IPP2:** under the Privacy Act 2009, we are required to inform you that the Office of the Public Guardian is collecting your personal information for the purposes of conducting an investigation. We may need to contact you in the future regarding the concerns raised. Your personal information will remain confidential unless we are required to disclose it for the purposes of a criminal investigation, tribunal or court proceeding. We will contact you prior to disclosing your personal information.
- **Human Rights Act 2019 (HRA):** The OPG Investigations Team is committed to respecting, protecting and promoting human rights. Under the HRA, OPG Investigators have an obligation to make decisions during an investigation in a way that is compatible with rights. To meet its obligations, the Investigator utilises a framework to identify and consider relevant issues.

1 Guardianship and Administration Act 2000, Powers of Attorney Act 1998, Public Guardian Act 2014

2 Guardianship and Administration Act 2000, s.247