

SECTION 1

Your details ("the discloser")

Do you wish to remain anonymous?

Yes No

➤ Please refer to Appendix A before answering this question.

If you wish to remain anonymous, do not fill out section 1. Proceed to section 2.

Title: First Name: Middle Name/s: Surname:

Address: Business Name:

Suburb/town: State: Post code:

Telephone: Mobile: Email:

How did you hear about us?

Your relationship to the adult: Is the adult aware of this request? Yes No

Are you the adult's: Attorney Guardian Administrator N/A

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

SECTION 2

Details of the adult you are concerned about ("the adult")

Title: First name: Middle name/s:

Surname: Gender: Female Male Date of Birth:

Address:

Suburb/town: State: Post code:

Adults type of residence: Aged care Own home Rental Family members home
 Supported accommodation Hospital Respite

Telephone: Mobile: Email:

Does the adult identify as Aboriginal and/or Torres Strait Islander? No Aboriginal
 Torres Strait Islander Both

Adult's country of birth: Adult's first language:

Does the adult require an interpreter? No Yes If yes, specify language:

Is the adult vision impaired? Yes No Is the adult hearing impaired? Yes No

SECTION 3

Adult's decision making capacity/impaired capacity

What is the nature/diagnosis of the adult's impaired capacity (see [OPG website](#)):

Observations relating to the adult's impaired decision making capacity (this does not include the adult's physical capacity):

SECTION 4

Details of the adult's current and past medical practitioner/s

Practitioner 1 – Current Past

Name: Practice Name:

Address:		
Suburb/town:	State:	Post code:
Telephone:	Fax:	Email:
Practitioner 2 – <input type="checkbox"/> Current <input type="checkbox"/> Past		
Name:	Practice Name:	
Address:		
Suburb/town:	State:	Post code:
Telephone:	Fax:	Email:
SECTION 5		
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:	Email:
Relationship to the adult:		
Please indicate in what capacity this person is making decisions on behalf of the adult:		
<input type="checkbox"/> Attorney (EPA) <input type="checkbox"/> Formally appointed Guardian <input type="checkbox"/> Formally appointed Administrator <input type="checkbox"/> Informal Decision Maker <input type="checkbox"/> Unknown		
Do you have concerns about reprisal by this person? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ <i>If yes, please provide details below</i>		
Person 2		
Title:	First name:	Surname:
Address:		
Suburb/town:	State:	Post code:
Telephone:	Mobile:	Email:
Relationship to the adult:		
<input type="checkbox"/> Attorney (EPA) <input type="checkbox"/> Formally appointed Guardian <input type="checkbox"/> Formally appointed Administrator <input type="checkbox"/> Informal Decision Maker Unknown		
Do you have concerns about reprisal by this person? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ <i>If yes, please provide details below</i>		

SECTION 6

Financial neglect, abuse or exploitation

Summary of concerns – financial matters

Please provide brief details in relation to each of the concerns you have regarding management of the adult's finances.

Who does the adult bank with?

Does the adult receive a government payment/pension? ➤ If yes, please specify below:

- Age pension Disability support pension Widow pension
 Carer's pension DVA pension/payment Other (please specify):

What assets does the adult own?

- Residential home (please specify address):
 Investment property (please specify address):
 Superannuation (please specify details if known):
 Other (please specify details):

SECTION 7

Personal/health neglect, abuse or exploitation

Summary of concerns – personal/health matters

Please provide brief details in relation to each of the concerns you have regarding the adult's health and wellbeing.

Note: If you have significant concerns for the personal safety of the adult, please contact the Police **immediately**. Please specify how the adult is being abused/neglected (including self-neglect) or that inappropriate personal/lifestyle decisions are being made.

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:

Details of any Domestic Violence Orders in relation to the adult or person/s named on this form (including the discloser)

SECTION 8

Details of support services provided to the adult (e.g. Support Services, NDIS, My Aged Care - ACAT, etc.)

Contact person	Organisation	Telephone number

SECTION 9

Further contacts for the investigation

Person 1

Title: _____ First name: _____ Surname: _____

Address: _____

Suburb/town: _____ State: _____ Post code: _____

Telephone: _____ Mobile: _____ Email: _____

Relationship _____

Are they the adult's? Attorney (EPA) Formally appointed Guardian Formally appointed Administrator
 Informal Decision Maker Unknown

Person 2

Title: _____ First name: _____ Surname: _____

Address: _____

Suburb/town: _____ Post code: _____

Telephone: _____ Mobile: _____ Email: _____

Relationship _____

Are they the adult's? Attorney (EPA) Formally appointed Guardian Formally appointed Administrator
 Informal Decision Maker Unknown

SECTION 10

Queensland Civil and Administrative Tribunal (QCAT)

Are you aware of the submission of an application to QCAT seeking the appointment of an administrator and/or guardian on behalf of the adult?

Yes No

➤ *If yes, please provide the details below, including QCAT reference number:*

SECTION 11

Please indicate below copies of relevant documents you have in your possession. If required, we will request these documents from you. Please do not provide these documents at this time.

- | | |
|--|---|
| <input type="checkbox"/> Enduring Power/s of Attorney | <input type="checkbox"/> Revocation/s of Enduring Power/s of Attorney |
| <input type="checkbox"/> QCAT Application Form | <input type="checkbox"/> QCAT Orders/Decisions |
| <input type="checkbox"/> Medical reports/assessments/letters | <input type="checkbox"/> Care Facility documents |
| <input type="checkbox"/> Financial statements/documentation | <input type="checkbox"/> Advance Health Directive |
| <input type="checkbox"/> Will | <input type="checkbox"/> Photos |
| <input type="checkbox"/> Other (please specify): _____ | |

SECTION 12

Please complete checklist below

- I have completed each section of the form relevant to the concerns raised
- I have **not** provided false or misleading information on the form
- I have read *Appendix A* and the *Investigations Process Fact Sheet*
- I have signed and dated the form **OR**
- I have not signed the form as I will be submitting it electronically AND
- I have entered my name as my signature and have dated the form

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:

Send form and documents to OPG *(email is preferred)*

Mail: PO BOX 13554, George Street QLD 4003

Fax: (07) 3738 9496

Email: investigations@publicguardian.qld.gov.au

Please click on [SUBMIT FORM](#) and choose your email type to send a copy as an attachment to the above email address

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 and signed form to our Office as soon as possible.

What happens when the form is received at our Office?

- The form is assessed by the Investigations Officer within 14 days of receiving it, unless exceptional circumstances exist
- The Investigations Officer 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;
- if pivotal details/information are not outlined within this form and we are unable to contact you for clarification, this may impact on whether your request is accepted, and an investigation may not be commenced;
- 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 PGA¹. 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 practice².

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.

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

² *Guardianship and Administration Act 2000, s.247*