



**DEPARTMENT OF PRIME MINISTER & NATIONAL EXECUTIVE COUNCIL  
WHISTLEBLOWER CALL CENTER**

**FORM A: WRITTEN COMPLAINT**

**REPORT: ALLEGED, PLANNED OR ACTUAL "FRAUDULENT" OR "CORRUPT" CONDUCT**

DPM&NEC has a **Zero -Tolerance** Policy against Fraud and Corruption. All Fraud and Corrupt Conduct must be Reported, Investigated, Punished and Losses Recovered (where applicable).

As stipulated under the PM&NEC Act (Amended), the Chief Secretary has the mandate to instigate administrative investigations of any Reportable Conduct (AAWP Policy, Section 12.1) concerning Public Officials. Any irregularities or violations reported herein must be based on objective reasonableness and supported by credible evidence.

Where appropriate, cases will be referred to external bodies such as:

- PNG Independent Commission Against Corruption (ICAC)
- Ombudsman Commission of PNG (OC)
- Police (Royal PNG Constabulary)
- Auditor General's Office, Forensic Audit Investigation Unit (AGO)

**Instructions:** Provide detail information with evidence. Complete and furnish Form A to the Whistleblower Call Center (WCC) via the established mediums (AAWP Policy, Section 12.3). Attach source documents. All information are to be kept strictly confidential. Whistleblowers must be protected (Whistleblower Act 2020).

**PART. A PARTICULARS OF COMPLAINT(S) / ALLEGATION(S)**

<p>Name, Identity &amp; Address of the Accused</p> <div style="background-color: #4a7ebb; color: white; text-align: center; padding: 20px; margin-top: 20px;"> <p>ID PHOTO</p> </div>	<p>First Name: ..... Middle Name: ..... Last Name: .....</p> <p>Employment Number: ..... N.I.D Number: .....</p> <p>Designation: .....</p> <p>Office/Division/Branch: .....</p> <p>Location: .....</p> <p>Postal Address: .....</p> <p>Residential Address: .....</p> <p>Landline/Mobile Number: .....</p> <p>Email Address: .....</p> <p>WhatsApp Number: .....</p> <p>Facebook Account: .....</p>
<p><b>COMPLAINT</b> Details</p> <p><i>(Attach Report or Source Documents if required)</i></p>	

WHEN did the Incident occur?	Date:	<input type="text"/>	Time:	<input type="text"/>
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WHERE did the Incident occur?	<input type="text"/>
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**PART. B ACCOMPLICE (S)**

WHO else was involved in the Incident?  
*(Attach Report or Extend List if required)*

1. Who are the Key Accomplices? *(Public Official)*

Name, Identity & Address of the Accomplice <i>(Public Official)</i>  	First Name: ..... Middle Name: ..... Last Name: .....
	Employment Number: ..... N.I.D Number: .....
	Designation: .....
	Office/Division/Branch: .....
	Location: .....
	Postal Address: .....
	Residential Address: .....
	Landline/Mobile Number: .....
	Email Address: .....
	WhatsApp Number: .....
Facebook Account: .....	

2. Who are the Key Accomplices? *(Contractor, Consultant, Supplier, Service Provider)*

Name, Company & Address of Accomplice <i>(Contractor, Consultant, Supplier, Service Provider)</i>	First Name: ..... Last Name: .....
	Designation: .....
	Company/Organization: .....
	Postal Address: .....
	Company Registration Number: ..... T.I.N: ..... C.O.C: .....
	Geographical Location: .....
	Landline/Mobile Number: .....
	Email Address: .....

**PART. C EVIDENCE**

Do you have Credible EVIDENCE?  
*(Attach Report or Source Documents if required)*

<input type="text"/>
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**PART. D WITNESS**

Who are the Key Witnesses?

Name, Identity & Address  	First Name: ..... Middle Name: ..... Last Name: ..... Employment Number: ..... N.I.D Number: ..... Designation: ..... Office/Division/Branch: ..... Location: ..... Postal Address: ..... Residential Address: ..... Landline/Mobile Number: ..... Email Address: ..... WhatsApp Number: .....
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**PART E. OTHER RELATED INFORMATION**

Is there any other Information you would like to disclose?			
Name of Complainant		Date:	___/___/___
Signature:		Time:	..... AM/PM

**BRIEF: RECOMMENDATION BY WHISTLEBLOWER CALL CENTER**

Refer Matter for Assessment by Internal Auditors	<input type="checkbox"/>	Date: .....
Refer Matter to Whistleblower to provide more Information or Evidence	<input type="checkbox"/>	Date: .....
Reject Matter. Lack Of Evidence	<input type="checkbox"/>	Date: .....

**BRIEF: FINAL REMARKS BY WHISTLEBLOWER CALL CENTER**


**CHECKLIST: WHISTLEBLOWER CALL CENTER**

- 1. Who?  Yes  No  Not Sure .....
- 2. What?  Yes  No  Not Sure .....
- 3. When?  Yes  No  Not Sure .....
- 4. Where?  Yes  No  Not Sure .....
- 5. Witness?  Yes  No  Not Sure .....
- 6. Evidence?  Yes  No  Not Sure .....
- 7. Has the accused signed the Consent Form?  Yes  No .....

Name of Call Center Officer	Complaint Received	
.....	Time: .....	Date: .....
Signature of Call Center Officer	Written Complaint Form Signed	
.....	Time: .....	Date: .....

**CASE REFERRED TO PRINCIPAL INTERNAL AUDITOR FOR *VETTING***

Name: .....	<b>RECOMMENDATION:</b>	
	<ul style="list-style-type: none"> <li>• APPROVED <input type="checkbox"/></li> <li>• DECLINED <input type="checkbox"/></li> </ul>	
Signature: .....	Time: .....	Date: .....
Comments: ..... ..... ..... ..... .....		

**CASE REFERRED TO INTERNAL AUDITOR FOR *ASSESSMENT***

Name: .....	<b>RECOMMENDATION:</b>	
	<ul style="list-style-type: none"> <li>• Investigate Internally <input type="checkbox"/></li> <li>• Refer for External Investigation <input type="checkbox"/></li> <li>• Refer to WCC <input type="checkbox"/></li> </ul>	
Signature: .....	Time: .....	Date: .....
Comments: ..... ..... .....		