

# Public Interest Disclosure Policy

Staff members and Affiliates can make a report of serious wrongdoing to their manager/supervisor, a Disclosure Officer, or the Disclosure Coordinator. Further details are available on the [University's Public Interest Disclosures Website](#) and in Section 3 of this Policy.

## Section 1 - Purpose

(1) This Policy establishes an internal reporting system for Staff members and Affiliates to report serious wrongdoing without fear of reprisal. The Policy identifies personnel who Staff members and Affiliates of the University can report serious wrongdoing to, the types of wrongdoing that should be reported, and the University's mechanisms for dealing with reports of serious wrongdoing.

(2) This Policy has been developed in line with the [Public Interest Disclosures Act 2022](#) (PID Act) and the NSW Ombudsman Guidelines.

### Scope

(3) This Policy applies to all Staff members and Affiliates of the University.

(4) Under the [PID Act](#), a public interest disclosure can be made by a public official, as defined by the Act and which includes Staff members and Affiliates of the University. It does not include students or members of the public – refer to the [Complaints Resolution Policy for Students and Members of the Public](#) and the [Complaints Resolution Procedure for Students and Members of the Public](#).

(5) There are three types of public interest disclosures in the [PID Act](#): Voluntary, Mandatory and Witness. This Policy primarily deals with Voluntary public interest disclosures.

## Section 2 - Policy

### Principles

(6) The University is committed to the highest standards in governance, ethical behaviour and accountable conduct, and does not tolerate serious wrongdoing in the performance of its functions.

(7) The University recognises the value and importance of contributions of Staff to promote an ethical, accountable culture and the integrity of administrative and management practices.

(8) The University is committed to creating a culture where Staff members and Affiliates are encouraged to, and feel safe to speak up, when they become aware of serious wrongdoing.

(9) All Staff members and Affiliates of the University have a responsibility to act in the public interest and speak up when they become aware of serious wrongdoing or other misconduct alleged or suspected to have been committed at the University.

(10) The University takes reports of serious wrongdoing seriously and will act promptly and fairly to investigate reported wrongdoing.

(11) The University will take all reasonable and necessary steps to treat reports with confidentiality and provide protection to Staff who make a report of serious wrongdoing from Detrimental Action.

(12) Staff members and Affiliates are encouraged to report all serious wrongdoing they become aware of, regardless of whether they think it constitutes a public interest disclosure under the [PID Act](#).

## **Serious wrongdoing**

(13) Staff members and Affiliates should report any serious wrongdoing or other misconduct alleged or suspected to have been committed within the University.

(14) The following categories of serious wrongdoing, as defined in Section 5, will be dealt with by the University as a public interest disclosure under the [PID Act](#):

- a. Corrupt Conduct;
- b. Serious Maladministration;
- c. a Government Information Contravention (breach of the [Government Information \(Public Access\) Act 2009](#)(GIPA));
- d. a Privacy Contravention; and
- e. a Serious and Substantial Waste of Public Money.

(15) All other wrongdoing should be reported to a manager/supervisor or a relevant officer, to be dealt with in line with the relevant policies. This might include:

- a. bullying, harassment or discrimination;
- b. practices that endanger the health or safety of Staff, students or the public.

(16) The University will take all reports seriously and will assess a report to ensure it is managed appropriately under the [PID Act](#), or if it is not a public interest disclosure, in line with other relevant policies and procedures of the University.

(17) All reports will be promptly and thoroughly assessed to determine what action will be taken to deal with the report and whether the report will be treated as a public interest disclosure.

## **Notification requirements**

(18) Under the [PID Act](#), the University has the following notification obligations when a public interest disclosure is made:

- a. provide an acknowledgement of the report and a link to the Public Interest Disclosure Policy to the Staff member or Affiliate within 45 days of making the report;
- b. provide an update on the progress of an investigation to the Staff member or Affiliate at intervals of not more than three (3) months throughout the investigation; and
- c. notify the Staff member or Affiliate of the action taken or proposed to be taken in respect of the report within six (6) months of the report being made. If the investigation is not complete, this will include notification of the reason it is not complete.

(19) Procedures for these notifications are outlined in Section 3.

## Confidentiality

(20) The University will take all reasonable steps to keep the identity of the Staff member or Affiliate who made a report, and the fact that they have reported serious wrongdoing, confidential. Where practical and reasonable, the University will not disclose this information to any person except for those responsible for managing the report.

(21) The identity of the Staff member or Affiliate making the report may be disclosed to the following people responsible for dealing with it:

- a. a nominated Disclosure Officer;
- b. the Disclosure Coordinator;
- c. the General Counsel and solicitors advising the University; and/or
- d. the Vice-Chancellor.

(22) If the identity of the Staff member or Affiliate making the report needs to be disclosed beyond those listed in clause 21 above, the University will discuss this with them in advance, and if required will develop a plan to support and protect them from any potential reprisal.

(23) Staff members or Affiliates who make a report, and those who participate in the investigation, including any witnesses, also have an obligation to maintain confidentiality, and must not disclose information about the process or allegations to any person except for those responsible for managing the report.

## Protection against Detrimental Action in reprisal

(24) The University will take all reasonable and necessary steps to provide protection to Staff members or Affiliates who make a public interest disclosure from suffering any Detrimental Action in reprisal for the making of the reports.

(25) Under the [PID Act](#) there are penalties for Detrimental Action to protect individuals who have made a public interest disclosure. A person found to have committed a reprisal offence may face criminal penalties in accordance with the [PID Act](#).

(26) Penalties also apply to cases where a person takes Detrimental Action against another because they believe or suspect the other person has made or may make a public interest disclosure, even if they did not.

(27) Taking Detrimental Action in reprisal is a breach of the University's Staff Code of Conduct, which may result in disciplinary action.

(28) A Staff member or Affiliate who makes a public interest disclosure can still be subject to reasonable management action (such as ordinary performance reviews and performance management). Provided such action is not taken because of the public interest disclosure, it is not Detrimental Action under the [PID Act](#).

## Immunity from civil and criminal liability

(29) Staff members and Affiliates may be subject to a duty of confidentiality that prevents them disclosing certain information that they obtain or become aware of at work. Sometimes, in order to make a public interest disclosure, there will need to be a breach or disregard of such confidentiality duties.

(30) If that happens, the Staff member or Affiliate will not incur civil or criminal liability if the person breaches a duty of confidentiality while making a public interest disclosure. This means that legal action cannot be taken against a person for:

- a. breaching a duty of secrecy or confidentiality; or
- b. breaching another restriction on disclosure.

## Sanctions for making false or misleading statements

(31) It is a criminal offence under the [PID Act](#) to willfully make a false or misleading statement when reporting wrongdoing.

(32) The University will not support Staff members or Affiliates who willfully make false or misleading reports. Such conduct may also be considered a breach of the University's [Staff Code of Conduct](#) and may result in disciplinary action.

## Section 3 - Procedures

### Reporting serious wrongdoing

(33) Staff members and Affiliates are encouraged to make a report of serious wrongdoing to their manager/supervisor, a Disclosure Officer, or the Disclosure Coordinator. Contact details are provided in Schedule A.

(34) The report can be made in writing or verbally. A report in writing is preferable as it can assist to avoid any confusion or misinterpretation.

(35) If a report is made verbally, the person receiving the report will make a comprehensive record of the report and ask the Staff member or Affiliate making the report to sign this record. The reporting Staff member or Affiliate should keep a copy of this record.

(36) The report should include:

- a. date, time, and location of key events;
- b. names of person(s) involved in the suspected serious wrongdoing, their position and how they are involved;
- c. relationship with the person(s) involved, such as whether the reporting Staff member or Affiliate works closely with them;
- d. an explanation of the matter reported;
- e. how the reporting Staff member or Affiliate became aware of the matter they are reporting;
- f. possible witnesses; and
- g. other relevant information.

(37) There are some situations in which a Staff member or Affiliate may not want to identify themselves when they make a report. Although anonymous reports will be considered, it is preferable if the Staff member or Affiliate discloses their identity. This allows the University to take reasonable steps to provide the individual with the necessary support and protection from any potential reprisals, as well as report on the assessment of the public interest disclosure and, if applicable, the outcome of an investigation.

### Notifying the Disclosure Coordinator of a report

(38) Where a report is not directly made to the Disclosure Coordinator, the manager/supervisor or Disclosure Officer who received the report will notify the Disclosure Coordinator that a report of serious wrongdoing has been made. In some instances, a manager/supervisor may notify a Disclosure Officer in the first instance, in which case the Disclosure Officer will refer the report to the Disclosure Coordinator.

(39) In referring a report to the Disclosure Coordinator, the manager/supervisor or Disclosure Officer will provide details of the report in writing to the Disclosure Coordinator within five (5) working days after receiving it. The details should include:

- a. the name of the Staff member or Affiliate making the report;
- b. the date on which the report was made; and
- c. which of the categories of wrongdoing the public interest disclosure appears to relate to.

## Preliminary Assessment

- (40) On receipt of a written report of serious wrongdoing, the Disclosure Coordinator will contact the Staff member or Affiliate who made the report to confirm that the report has been received and advise whether it is possible to keep the report confidential.
- (41) The Disclosure Coordinator will determine whether the report is a public interest disclosure under the [PID Act](#) and may seek advice from the Office of General Counsel as appropriate.
- (42) If a report is assessed to be a public interest disclosure, the Disclosure Coordinator will provide the reporting Staff member or Affiliate with a written acknowledgment which will include:
- a. advice that the report will be treated as a public interest disclosure;
  - b. a link to the Public Interest Disclosures Policy;
  - c. information about the action that will be taken in response to the report;
  - d. the likely timeframes for any investigation or other action; and
  - e. information about the internal and external resources or services available for support.
- (43) Under the [PID Act](#), the written acknowledgement must be provided within 45 business days from the date the report was received. The Disclosure Coordinator will aim to provide the acknowledgement within ten (10) business days.
- (44) If the report is not a public interest disclosure, the Disclosure Coordinator will advise the Staff member or Affiliate that the [PID Act](#) does not apply to the report and how the University will deal with the concern/s raised in the report (for example, refer the Staff member or Affiliate to the [Complaint Management Procedure for Staff](#)).
- (45) If the Staff member or Affiliate disagrees with the University's assessment that a report is not a public interest disclosure, they can raise it with the Disclosure Coordinator and request an internal review, or request that the matter be conciliated.

## Investigation

- (46) Where the University determines that the report is a public interest disclosure, the University will investigate the matter to make findings about whether serious wrongdoing disclosed in a public interest disclosure report occurred.
- (47) The Compliance and Privacy Manager, as the University's Disclosure Coordinator per Schedule A, will usually have responsibility for managing the investigation of the report in accordance with this Policy.
- (48) There may be occasions, for example due to a conflict of interest or other circumstances, when it would be appropriate for someone other than the Compliance and Privacy Manager to act as the Disclosure Coordinator and have responsibility for the investigation. Where this occurs, the Staff member or Affiliate making the disclosure will be advised.
- (49) If a report of serious wrongdoing relates to the Compliance and Privacy Manager, the Vice-Chancellor will act as the Disclosure Coordinator and conduct the investigation or nominate an appropriate officer or senior Staff member to act as the Disclosure Coordinator and conduct the investigation.
- (50) If a report of serious wrongdoing relates to the Vice-Chancellor, the Chancellor will act as the Disclosure

Coordinator and conduct the investigation or nominate an appropriate officer or senior Staff member to act as the Disclosure Coordinator and conduct the investigation.

(51) In conducting the investigation, subject to the confidentiality obligations imposed by the Policy and the [PID Act](#), the Disclosure Coordinator may seek assistance from the Office of General Counsel, a relevant Disclosure Officer or a third party as required.

(52) During the investigation, the Disclosure Coordinator, or their delegate, may contact relevant parties to clarify and/or gather facts and to seek expert or legal advice.

(53) While the investigation is being undertaken, the Disclosure Coordinator will keep the reporting Staff member or Affiliate informed by providing updates at a minimum every three (3) months. This may include:

- a. providing information about the progress of the investigation or other enquiries (or any delays if applicable);
- b. providing advice if the Staff member or Affiliate's identity needs to be disclosed for the purposes of investigating the matter or making enquiries; and/or
- c. providing advice of any decision by the Disclosure Coordinator not to proceed with the matter.

(54) There may be circumstances where an investigation is not warranted (for example, if the conduct has previously been investigated), in which case, the Disclosure Coordinator will advise the reporting Staff member or Affiliate of this outcome, including the reasons for ceasing investigation of the matter as a public interest disclosure.

(55) The Disclosure Coordinator will notify the Staff member or Affiliate who makes a public interest disclosure within six (6) months of the report being made of:

- a. the action taken or proposed to be taken in respect of the report; or
- b. that the matter has been investigated and is not complete, together with the reason it is not complete.

## **Corrective action**

(56) Following investigation, if serious wrongdoing is determined, the University will undertake appropriate corrective action in accordance with the University's rules, policies and procedures and any reporting requirements.

(57) Such corrective action may include:

- a. a formal apology;
- b. improving internal policies/procedures to adequately prevent and respond to similar instances of wrongdoing;
- c. providing additional education and training to Staff where required; and/or
- d. taking employment action against person/s involved in the wrongdoing.

(58) The Disclosure Coordinator will refer any evidence of an offence under section 33 of the [PID Act](#) to the [NSW Independent Commission Against Corruption](#) (ICAC) or the [NSW Police](#).

(59) The Disclosure Coordinator will advise the reporting Staff member or Affiliate of the outcome of the investigation, including:

- a. the steps taken in the investigation
- b. the findings or results of the investigation, and
- c. information about any corrective action as a result of the investigation.

(60) There may be some details about the investigation outcome and the Corrective Action that cannot be revealed for legal or other reasons. The University will always balance the right of a person who makes a report to know the

outcome of that report, with other legal obligations of the University.

## **Protection against Detrimental Action in reprisal**

(61) If a Staff member or Affiliate believe that Detrimental Action has been or is being taken against them or someone else in reprisal for reporting a serious wrongdoing, they should report this to their manager/supervisor, a Disclosure Officer or the Disclosures Coordinator immediately.

(62) A manager/supervisor or Disclosure Officer who has been notified of an allegation of Detrimental Action or who suspects reprisal as a result of a report of serious wrongdoing, must notify the Disclosures Coordinator.

(63) The Disclosure Coordinator will assess the allegation of reprisal and determine whether this will be treated as a separate public interest disclosure for investigation and corrective action in accordance with this Policy, or if other action will be taken.

(64) If it is established that reprisal is occurring against a Staff member or Affiliate who has made a report of suspected serious wrongdoing, the University will:

- a. take all steps possible to stop that activity and protect them; and/or
- b. take appropriate disciplinary action against anyone proven to have taken or threatened any action in reprisal of a suspected serious wrongdoing disclosure.

(65) The University will keep the Staff member or Affiliate who allege reprisal informed of the progress and outcome of any investigation or other action taken in response to the reprisal allegation.

(66) If a Staff member or Affiliate, who has made an allegation of Detrimental Action as a result of reporting serious wrongdoing, feels that this is not being dealt with effectively by the University, they may contact the Auditor General NSW, the [NSW Ombudsman](#), ICAC or the [Information and Privacy Commission NSW](#) depending on the type of serious wrongdoing reported.

## **Support for Staff who are the subject of a report**

(67) The University is committed to ensuring that Staff who are the subject of a report of serious wrongdoing are treated fairly and reasonably. This includes keeping the identity of any person who is the subject of a report confidential where this is practical and appropriate.

(68) The University will ensure that the subject of the report is advised of the allegation/s made against them at an appropriate time and before any adverse findings are made. The subject of the report will be:

- a. advised of the details of the allegation;
- b. advised of their rights and obligations under the University's relevant policies and procedures;
- c. kept informed about the progress of any investigation;
- d. given a reasonable opportunity to respond to any allegation made against them; and
- e. told the outcome of any investigation, including any decision made about whether further action will be taken.

(69) Where the reported allegation/s against the Staff member are clearly wrong, or have been investigated and are unsubstantiated, the University will support the subject of the report. The fact of the allegations and any investigation will be kept confidential unless otherwise agreed to by the subject of the report.

## **Internal Review**

(70) Under the PID Act, a Staff member or Affiliate who has made a disclosure can seek an internal review of the

following University decisions:

- a. a decision that the University is not required to deal with the disclosure as a Voluntary PID;
- b. a decision to stop dealing with the disclosure because the University decided it was not a Voluntary PID;
- c. a decision to not investigate the serious wrongdoing and not refer the disclosure to another agency; and
- d. a decision to cease investigating the serious wrongdoing without either completing the investigation or referring the disclosure to another agency.

(71) When the University makes one of the above decisions, the Staff member or Affiliate will be informed of this decision and their right to an internal review.

(72) Staff members or Affiliates are encouraged to contact the Disclosure Coordinator and communicate any concerns with a decision made, including decisions that are not listed above, prior to requesting an internal review.

(73) The Staff member or Affiliate (the “applicant”) seeking an internal review must make an application in writing within 28 calendar days of being informed of the University’s decision.

(74) The application should state the reasons why the applicant believes that the University decision should not have been made. The applicant can submit any other relevant material with their application.

(75) The University will appoint a Staff member, usually a Disclosures Officer, who was not substantially involved in making the decision or dealing with the disclosure which is the subject of the review to conduct the internal review.

(76) The appointment of a reviewer will be determined on a case-by-case basis, with consideration to confidentiality and the subject of the original PID.

(77) It may be necessary to engage a third party to advise the reviewer, such as external legal advisers.

(78) The reviewer will endeavour to complete the internal review within 30 calendar days of being appointed, or any longer time period as is reasonable in the circumstances. The applicant will be notified of the outcome.

(79) Following completion of the internal review, the reviewer can either:

- a. decide to confirm the University’s decision; or
- b. decide that the disclosure should be dealt with, or continue to be dealt with, as a Voluntary PID.

(80) If the reviewer decides that the disclosure should be dealt with, or should continue to be dealt with, the University must accept this decision and proceed to deal with or continue to deal with the disclosure.

(81) Once the internal review has been completed, the reviewer must inform the applicant of the outcome and the practical consequences of the decision.

## **Voluntary dispute resolution**

(82) If a dispute arises between the University and a person who has made a report which is, or may be, a Voluntary PID, either party may request the [NSW Ombudsman](https://policies.mq.edu.au) to conciliate the dispute. Conciliation is a voluntary process and will only be suitable for disputes where both the University and the person who had made the report is willing to resolve the dispute.

## **Reporting obligations and record keeping**

(83) The Disclosure Coordinator will provide an annual return to the [NSW Ombudsman](https://policies.mq.edu.au) in relation to each period of 12 months ending on 30 June (the return period).

(84) Unless the [NSW Ombudsman](#) approves a later time, the annual return must be provided within 30 days after the end of the return period to which it relates.

(85) The annual return will include:

- a. voluntary public interest disclosures received by the University during the return period;
- b. action taken by the University to deal with voluntary public interest disclosures during the return period; and
- c. measures taken by the University to encourage and support Staff members and Affiliates to report public interest disclosures in the workplace.

(86) Records of all public disclosure reports and associated information must be kept in accordance with the University's [Records and Information Management Policy](#).

## **Compliance with the PID Act**

(87) The University's annual report of public interest disclosures to the [NSW Ombudsman](#) will be submitted to the Audit and Risk Committee of Council at its next scheduled meeting following submission of the annual report.

(88) The General Counsel and the Compliance and Privacy Manager are responsible for monitoring the implementation and effectiveness of the Policy.

(89) Compliance with the [PID Act](#) is monitored through the University's compliance management framework, which includes the reporting of any breaches of the Act and an annual attestation of compliance by the Obligation Owner.

## **Roles and key responsibilities**

(90) The Vice-Chancellor is responsible for:

- a. fostering a workplace culture where reporting wrongdoing is encouraged;
- b. ensuring information is available to Staff and managers/supervisors in public interest disclosures reporting;
- c. receiving public interest disclosures from Staff members or Affiliates as a Disclosure Officer and acting as the Disclosure Coordinator, where required;
- d. ensuring the University has a Public Interest Disclosures Policy in place; and
- e. ensuring that the University has appropriate systems for:
  - i. overseeing internal compliance with the [PID Act](#);
  - ii. assessing disclosures;
  - iii. supporting Staff members and Affiliates who make voluntary public interest disclosure, including by minimising the risk of Detrimental Action;
  - iv. implementing corrective action if serious wrongdoing is found to have occurred;
  - v. complying with reporting obligations regarding allegations or findings of Detrimental Action; and
  - vi. complying with yearly reporting obligations to the [NSW Ombudsman](#).

(91) The Disclosure Coordinator is responsible for:

- a. receiving reports of serious wrongdoing from Staff members or Affiliates;
- b. receiving reports from managers/supervisors and/or Disclosure Officers;
- c. ensuring that any verbal reports that have been received are recorded in writing;
- d. ensuring reports are dealt with appropriately in accordance with this Policy;
- e. providing the reporting Staff member or Affiliate with a written acknowledgment of the report and whether it is possible to keep it confidential;

- f. determining whether the report is a public interest disclosure under the [PID Act](#) and advising the reporting Staff member or Affiliate of this decision;
- g. keeping the reporting Staff member or Affiliate informed of any investigation progress, outcomes, and corrective action, as appropriate and in accordance with other University's policy and procedures; and
- h. providing information about the internal and external resources or services available for support.

(92) Disclosure Officers are responsible for:

- a. receiving reports of serious wrongdoing from Staff members or Affiliates;
- b. receiving reports from managers/supervisors;
- c. ensuring that any verbal reports that have been received are recorded in writing;
- d. ensuring reports are sent to the Disclosure Coordinator; and
- e. assisting managers/supervisors with enquiries about the public disclosure interest process.

(93) Managers/Supervisors are responsible for:

- a. receiving reports of serious wrongdoing from persons that report to them or that they supervise;
- b. ensuring that any verbal reports that have been received are recorded in writing;
- c. ensuring reports are sent to the Disclosure Coordinator; and
- d. providing support to Staff members or Affiliates that report public interest disclosures to them directly.

(94) All Staff and Affiliates are responsible for:

- a. reporting serious wrongdoing or other alleged or suspected misconduct;
- b. assisting in an investigation of serious wrongdoing if asked to do so by the Disclosure Coordinator;
- c. ensuring that reports of serious wrongdoing and any investigations are kept confidential;
- d. treating any person dealing with or investigating a report of serious wrongdoing with respect; and
- e. not threatening or taking Detrimental Action against any person who has made a report of serious wrongdoing report.

## Section 4 - Guidelines

(95) Nil.

## Section 5 - Definitions

(96) The following definitions apply for the purpose of this Policy:

- a. Affiliate means a person holding an Honorary title with the University, contractors and volunteers working for the University.
- b. Corrupt Conduct refers to conduct that is considered intentionally dishonest, biased or partial, is a breach of public trust or involves a misuse of information or materials, including partial exercise of official functions by a public official, the improper use of knowledge, power or position for personal gain or the advantage of others, or acting dishonestly or unfairly.
- c. Detrimental Action means action taken against an individual because they have made, or are believed to have made, a public interest disclosure. Such action may include causing, comprising or involving any of the following:

- i. injury, damage or loss;
  - ii. intimidation or harassment;
  - iii. discrimination, disadvantage or adverse treatment in relation to employment;
  - iv. dismissal from, or prejudice in, employment; and
  - v. disciplinary proceedings.
- d. Government Information Contravention means a failure to exercise functions in accordance with any provision of the [Government Information \(Public Access\) Act 2009](#) (GIPA Act), including destroying, concealing, or altering records to prevent them from being released, knowingly making decisions that are contrary to the GIPA legislation, or directing another person to make a decision that is contrary to the GIPA legislation.
- e. Mandatory PID refers to a PID where the public official has made a report about serious wrongdoing because they have a legal obligation to make that report, or because making that report is an ordinary aspect of their role or function in an agency.
- f. Obligation Owner refers to the member of the Executive Group who is responsible for the University's compliance with the PID Act.
- g. Privacy Contravention means a failure to properly fulfil functions under the [Privacy and Personal Information Protection Act 1998](#) (PPIP Act), or [Health Records and Information Privacy Act 2002](#) (HRIP Act).
- h. Serious Maladministration is defined in the [Public Interest Disclosures Act 2002](#) as conduct, other than conduct of a trivial nature, of an agency or a public official relating to a matter of administration that is:
- i. unlawful; or
  - ii. unreasonable, unjust, oppressive or improperly discriminatory, or
  - iii. based wholly or partly on improper motives.
- i. Voluntary PID refers to PID where a report made by the public official because they decided, of their own accord, to come forward and disclose what they know.
- j. Serious and Substantial Waste of Public Money refers to uneconomical, inefficient or ineffective use of resources that could result in losing or wasting public money.
- k. Staff member means all persons employed by Macquarie University, including continuing, fixed term, and casual Staff members.
- l. Witness PID refers to a PID where a person discloses information during an investigation of serious wrongdoing following a request or requirement of the investigator.

## Schedule A

| Position                              | Role under PID policy                                                | Name and contact details                                                                                      |
|---------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Compliance and Privacy Manager        | Disclosures Coordinator                                              | Ms Rebecca Jarman<br><a href="mailto:rebecca.jarman@mq.edu.au">rebecca.jarman@mq.edu.au</a><br>(02) 9850 7218 |
| Vice-President, Finance and Resources | Disclosures Officer                                                  | Mr Robin Payne<br><a href="mailto:robin.payne@mq.edu.au">robin.payne@mq.edu.au</a>                            |
| Chief People Officer                  | Disclosures Officer                                                  | Mr David Ward<br><a href="mailto:ChiefPeopleOfficer@mq.edu.au">ChiefPeopleOfficer@mq.edu.au</a>               |
| Vice-Chancellor                       | Principal Disclosures Officer                                        | Professor Bruce Dowton<br><a href="mailto:bruce.dowton@mq.edu.au">bruce.dowton@mq.edu.au</a>                  |
| Chancellor                            | Disclosures Officer only for reports relating to the Vice-Chancellor | Dr Martin Parkinson<br><a href="mailto:martin.parkinson@mq.edu.au">martin.parkinson@mq.edu.au</a>             |



## Status and Details

|                              |                                                  |
|------------------------------|--------------------------------------------------|
| <b>Status</b>                | Current                                          |
| <b>Effective Date</b>        | 29th July 2026                                   |
| <b>Review Date</b>           | 29th July 2027                                   |
| <b>Approval Authority</b>    | Vice-Chancellor                                  |
| <b>Approval Date</b>         | 29th July 2026                                   |
| <b>Expiry Date</b>           | Not Applicable                                   |
| <b>Responsible Executive</b> | S. Bruce Dowton<br>Vice-Chancellor               |
| <b>Responsible Officer</b>   | James Lonsdale<br>General Counsel                |
| <b>Enquiries Contact</b>     | Rebecca Jarman<br>Compliance and Privacy Manager |