

Telephone: (676) 22-164
Email: info@anticorruption.gov.to
Website: www.anticorruption.gov.to



Vuna, Road, Nuku'alofa
Across Hihifo/Habake Bus Depot
Kingdom of Tonga

Anti-Corruption Commissioner

COMPLAINT FORM

Delivery

The reporting notification form and any other related documents can be sent to the ACC by:

- Email

complaints@anticorruption.gov.to

- Website

www.anticorruption.gov.to

- Delivery

Office of the Anti-Corruption Commissioner
Vuna Road (Old Dept. Environment Building)
Nuku'alofa

Need assistance?

If you have any questions concerning the matter to be reported, making the report to the ACC, or the ACC processes, please contact the office on phone 22-164

Further details can also be found at www.anticorruption.gov.to

Complaint about public authority or official

	Name
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1. Contact

1.1	First name Surname
1.2	Position title
1.3	Telephone
1.4	Mobile telephone
1.5	Email address

2. Details of the suspected corrupt conduct

2.1	Date of alleged incident/s or conduct
2.2	Location of alleged incident/s or conduct
2.3	Detailed description of suspected corrupt conduct Attach relevant documentation where available
2.4	Is the conduct a one-off event or part of a wider pattern or scheme? <input type="checkbox"/> One-off <input type="checkbox"/> Wider pattern/scheme <input type="checkbox"/> Unknown
2.5	Do the allegations involve money and/or resources? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, outline the approximate amount or value of the resources
2.6	When did you become aware of the allegations?

3. Details of each person or entity involved in the suspected corrupt conduct

3.1	Does this notification contain allegations of corrupt conduct against more than one person/entity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3.2	If yes, how many? <i>(Copy this section for each person/entity)</i>
3.3	If a person... First name Surname Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other or unknown Date of birth
3.4	Was the person a public official at the time of the alleged conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide: <ul style="list-style-type: none"> • position title at the time of the alleged conduct • employee number (if known/applicable)
3.5	If an entity... Name of entity Details of the responsible person (if known/applicable)
3.6	Address (home address if person)
3.7	Telephone
3.8	Mobile telephone
3.9	Email address
3.10	Relationship with agency at the time of the alleged conduct (tick all applicable) <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Contractor <input type="checkbox"/> Other (state)
3.11	Work address/location at the time of the alleged conduct/incident

3.12	<p>Is the person/entity aware that corrupt conduct allegations have been made against them?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, complete section 3.13</p>
3.13	<p>Who informed the person/entity the subject of the allegation/s?</p> <p><input type="checkbox"/> Your agency (name of person)</p> <p><input type="checkbox"/> Another agency (state which)</p> <p><input type="checkbox"/> Other (describe)</p> <p><input type="checkbox"/> Unknown</p> <p>Date informed (if known)</p>
3.14	<p>Have prior corrupt conduct allegations been made against the person/entity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, provide:</p> <ul style="list-style-type: none"> • detailed description of the prior corrupt conduct allegation/s • description of the outcome/s

4. Details about the source/s of the allegation/s or potential witnesses

4.1	<p><i>(Copy this page for each person and provide details below).</i></p> <p>Role of the person or entity</p> <p><input type="checkbox"/> Source of the allegation/s <input type="checkbox"/> Potential witness</p>
4.2	<p>If a person...</p> <p>First name</p> <p>Surname</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other or unknown</p> <p>Date of birth</p>

4.3	<p>Is the person a public official? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, provide:</p> <ul style="list-style-type: none"> • position title at the time of the alleged conduct • employee number (if known/applicable)
4.4	<p>If an entity...</p> <p>Name of entity</p> <p>Details of the responsible person (if known/applicable)</p>
4.5	Address (home address if a person)
4.6	Telephone
4.7	Mobile telephone
4.8	Email address
4.9	<p>Relationship with agency at the time of the alleged conduct (tick all applicable).</p> <p><input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Contractor</p> <p><input type="checkbox"/> Other (state)</p>
4.10	Work address/location at the time of the alleged conduct/incident

5. Interim action taken or proposed in respect of the suspected corrupt conduct

5.1	<p>What action is your agency taking or proposing to take with regard to the subject employee/entity while the current allegation/s is/are being investigated and/or until final decisions are made?</p> <p><input type="checkbox"/> No action (state why no action is proposed)</p> <p><input type="checkbox"/> Increased supervision (describe)</p> <p><input type="checkbox"/> Restriction on current duties (specify)</p> <p><input type="checkbox"/> Transferred to alternate duties (specify)</p> <p><input type="checkbox"/> Suspended with pay</p> <p><input type="checkbox"/> Suspended without pay</p> <p><input type="checkbox"/> Not re-engaged</p>
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	<input type="checkbox"/> Not relevant as matter finalised <input type="checkbox"/> Other (describe)
5.2	What action is your agency taking or proposing to take with regard to investigating the suspected corrupt conduct?
5.3	What action is your agency taking or proposing to take to mitigate any other risks to your agency?
5.4	Have you informed another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete sections 5.5—5.8
5.5	Name of agency/agencies notified
5.6	When was that agency or agencies notified?
5.7	Contact details of the person to whom it was reported (contact person’s name, telephone, email address and postal address).
5.8	Does that agency intend to take, or has that agency taken, any action? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, describe the action taken or action to be taken

6. Response from the ACC

6.1	What is the urgency of the complaint and does the ACC need to take action immediately or within a short time <input type="checkbox"/> Yes <input type="checkbox"/> No
6.2	Provide reasons why you are seeking an urgent response (for example, having regard to the seriousness of the issues raised, the risk of loss of evidence that has probative value)
6.3	Do you need any form of protection? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide details

7. Declaration

I, _____, hereby declare that the information provided by me to the Anti-Corruption Commissioner is true, accurate, and complete to the best of my knowledge and belief. I understand that providing false or misleading information or withholding relevant information may constitute an offence under the Anti-Corruption Commissioner Act.

I acknowledge that any false statements or misrepresentations made by me in this declaration may result in legal action being taken against me, including but not limited to prosecution under the Anti-Corruption Commissioner Act.

Signed: _____

Date: _____