

**Whistle-blower Protection Policy**  
**DDH Graham Limited**  
**February 2020**

# Contents

---

- Section A - Policy ..... 3**
- 1.0 Policy Statement..... 3
- 2.0 Purpose of the Policy ..... 3
- 3.0 Policy Owner ..... 4
- 4.0 Who should know and understand this Policy? ..... 4
- 5.0 Risk of non-Compliance ..... 5
- Section B Procedure ..... 5**
- 6.0 Legislative requirements..... 5
- 7.0 Who receives protection? ..... 6
- 8.0 Matters that this policy applies to ..... 6
- 9.0 Who can receive a disclosure within DDH? ..... 8
- 10.0 Who can receive a disclosure outside DDH?..... 8
- 11.0 How to make a disclosure ..... 9
- 12.0 Handling and investigating disclosures .....11
- 13.0 Engaging external agencies.....11
- 14.0 Legal protections for disclosers.....12
- 15.0 Support and Practical Protection .....14
- 16.0 Ensuring fair treatment of individuals mentioned in disclosures.....15
- Section C Administration of this Policy.....15**
- 17.0 Monitoring Compliance with this Policy .....15
- 18.0 Training .....16
- 19.0 Record keeping.....16
- 20.0 Related Documents / Links.....16
- 21.0 Currency .....16
- 22.0 Version History.....17

# Section A - Policy

---

## 1.0 Policy Statement

---

Having a transparent whistle-blower Policy is essential to good risk management and corporate governance. DDH Graham Limited ('DDH' 'we', 'us' or 'our' ) expects its Directors, employees, representatives and associated entities' to behave in accordance with its Code of Conduct and Ethics and to comply with the obligations set out in the suite of policies and procedures which represent the compliance framework of the business. This Policy is a practical tool for helping DDH to identify any instances outside of this expected behaviour.

This Policy is an important tool for helping DDH identify wrongdoing that may not be uncovered unless there is a safe and secure means for disclosing such. DDH believes it is important that all employees who are aware of possible wrongdoing have the confidence to speak up and report it to the Whistle-blower Investigations Officer, such that the best interests of its customers, Principals, service providers and the business itself are respected and preserved.

## 2.0 Purpose of the Policy

---

The Corporations Act 2001 (the 'Act') provides a consolidated whistle-blower protection regime for Australia's corporate sector, the purpose of this Policy is to set out how DDH have applied this regime and to act as a guideline by which employees, representatives and associated entities' Directors and employees may raise issues which are not possible in the normal day-to-day interactions in the workplace.

This Policy aims to:

- To encourage more disclosures of wrongdoing if a person genuinely believes someone has engaged in serious wrongdoing.
- Deter wrongdoing, by promoting a culture of compliance with the law and an ethical culture by increasing awareness that there is a higher likelihood of that wrongdoing being reported.
- Ensure individuals who disclose wrongdoing can do safely, securely and with confidence that they will be protected and supported.
- Set out the avenues available to staff to report serious wrongdoing, where it is not possible to do so via normal channels
- Provide transparency around DDH's framework for receiving, handling and investigating disclosures.
- Ensure that disclosures are dealt with appropriately and on a timely basis
- Support DDH's Code of Conduct and Ethics.
- Support DDH's long-term sustainability and reputation.
- Meet DDH's legal and regulatory obligations.

## 3.0 Policy Owner

---

The Owner of this Policy is the Joint Managing Directors. The Policy Owner is responsible for ensuring this Policy reflects DDH's values, objectives and strategy and is appropriately implemented as part of the compliance framework by:

- building awareness of the contents of this Policy, so that its requirements are 'front of mind' for all directors, RMs and employees.
- ensuring this Policy is kept up to date and appropriately tailored to DDH's compliance processes, structure and business operations.
- supporting, recognising and/or rewarding staff who demonstrate their commitment to compliance with this Policy; and
- allocating adequate resources to implement and monitor compliance with this Policy.

The board of DDH is ultimately responsible for this Policy as part of ensuring that DDH has an appropriate risk management framework to identify and manage risks on an ongoing basis.

## 4.0 Who should know and understand this Policy?

---

This Policy applies to those persons who can make a disclosure that qualifies for protection under the Act i.e. 'eligible whistle-blowers'. An eligible whistle-blower is:

- directors and responsible managers.
- all DDH employees and representatives (current and former) directly or indirectly involved in providing financial services under the AFS licence, this includes permanent, part time, fixed term or temporary employees, interns and secondees
- Where DDH is referred to in the Policy it also includes Australian Money Market ('AMM')
- A supplier of services or goods to the entity (whether paid or unpaid) including their employees e.g. current and former contractors, consultants, service providers and business partners.
- A relative, dependent or spouse of an individual referred to above.

To ensure all officers, employees, contractors, service providers and other eligible whistle-blowers are aware of the contents of this Policy, it will be made available electronically on both DDH's intranet and internet sites.

## 5.0 Risk of non-Compliance

---

The risks to DDH of not complying with its regulatory obligations are set out in its Risk Register which is supported by a Risk Management Policy and Procedure.

However, generally risks of non-compliance with this Policy may include:

- **regulatory risk** – A breach of the Act may lead to suspension or alteration of DDH's AFS licence.
- **criminal sanctions or fines for–**
  - Failure to comply with the requirement to have<sup>1</sup> and make available a whistle-blower Policy is an offence of strict liability with a penalty of 60 penalty units (currently \$12,600) enforceable by ASIC.
  - Victimising a discloser for making a disclosure up to 2 years imprisonment (also civil penalty provision)
  - Disclosing confidential information provided by the discloser, disclosing their identity or disclosing information that is likely to lead to their identification, up to 6 months provision (also civil penalty provision)
- **business risk** –wrongdoings or a failure to appropriately identify and remedy them may result in reduced business efficiency and productivity.
- **reputational risk** –public reporting of a failure to appropriately identify wrongdoings and remedy them may then adversely impact of profitability due to loss of confidence by customers.
- **financial risk** - loss or revenue or regulatory fines.
- **litigation risk** – If a discloser seeks compensation and other remedies through the courts because they have suffered detriment, including because a discloser's employer failed to prevent detriment from occurring, the court may take in to account the extent to which the employer gave effect to their whistle-blower Policy.

## Section B Procedure

---

## 6.0 Legislative requirements

---

Section 1317AI (5) of the Act requires prescribed entities to have a whistleblower Policy that covers information about:

- a) the protections available to whistleblowers, including protections under the Act.

---

<sup>1</sup> Public companies, large proprietary companies and proprietary companies that are trustees of registrable superannuation entities must have a whistle-blower Policy and make it available to their officers and employees. A proprietary company is a large proprietary company for a financial year if it, or any entities it controls has at least 2 of the following characteristics. 1. The consolidated revenue for the financial year is \$50million or more; 2. The value of the consolidated gross assets is \$25 million or more; 3. The company has 100 or more employees.

- b) to whom disclosures that qualify for protection under the Act may be made, and how they may be made;
- c) how the entity will support whistleblowers and protect them from detriment;
- d) how the entity will investigate disclosures;
- e) how the entity will ensure fair treatment of its employees who are mentioned in or subject to disclosures;
- f) how the Policy will be made available to officers and employees;
- g) any matters prescribed by regulations.

An entities whistleblower Policy should also include information about the protections provided in the tax whistleblower regime under part IVD of the Taxations Administration Act 1953.

## 7.0 Who receives protection?

---

For a discloser to qualify for protection as a whistle-blower under the Act, they must be an eligible whistle-blower (section 4 above) and:

- have made a disclosure of information relating to a ‘disclosable matter’ (see section 8 below), directly to an ‘eligible recipient’ (see section 10 below); or
- They have made a disclosure to a legal practitioner for the purposes of obtaining legal advice or representation about the whistle-blower provisions under the Act; or
- Have made an ‘emergency disclosure’ or ‘public interest’ disclosure (see section 10 below.)

## 8.0 Matters that this policy applies to

---

Disclosable matters are the types of disclosures that qualify for protection under section 1317AA of the Act. They involve information that the discloser has ‘reasonable grounds to suspect’ concerns ‘misconduct’ or an ‘improper state of affairs or circumstances’ in relation to DDH or its related bodies corporate.

Misconduct is defined in section 9 of the Act and includes ‘fraud’, ‘negligence’, ‘default’, ‘breach of trust’ and ‘breach of duty’. The term ‘improper state of affairs’ is intentionally broad so as to include matters which may not be unlawful but may indicate an issue that the relevant regulator should be aware of or relate to business behaviours that may still cause consumer harm.

The term ‘reasonable grounds’ is based upon the ‘objective reasonableness’ of the reasons for the disclosers suspicion. This ensures that a disclosers motive for making a disclosure, or their personal opinions about the person(s) involved does not prevent them from qualifying for protection under the Act. (previous good faith requirement has been removed).

Disclosable matters also involve reasonable grounds to suspect that conduct constitutes:

- a) an offence against, or a contravention of, a provision of any of the following:
  - i. the Act;
  - ii. the Australian Securities and Investments Commission Act 2001;

- iii. the Banking Act 1959;
  - iv. the Financial Sector (Collection of Data) Act 2001
  - v. the Insurance Act 1973
  - vi. the life Insurance Act 1995;
  - vii. the National Consumer Credit Protection Act 2009;
  - viii. the SIS Act;
  - ix. an instrument made under an Act referred to above;
- b) constitutes an offence against any other law of the Commonwealth that is punishable by imprisonment for a period of 12 months or more;
  - c) represents danger to the public or financial system; or
  - d) is prescribed by regulation.

The types of wrongdoing covered by this Policy could therefore include, but are not limited to:

- fraud, money laundering or misappropriation of funds
- offering or accepting bribes
- financial irregularities
- breaches of legal or regulatory requirements
- engaging in or threatening to engage in detrimental conduct against a person who has made a disclosure or is believed to have made or be planning to make a disclosure.
- illegal conduct such as theft, dealing in or use of illicit drugs
- violence or threatened violence
- criminal damage against property

### **Excluded matters**

Whilst DDH encourages you to speak up and report concerns to DDH, not everyone nor all types of concerns are intended to be covered by this Policy. Examples of matters that are generally not intended to be covered by the policy are customer complaints and personal work-related grievances.

### **Customer complaints**

If a customer has a concern in relation to the way that DDH has handled any matter, product or services, including an existing complaint, then these should be captured in the Complaints Procedure and reported to the Complaints Officer.

### **Personal work-related grievances**

If a discloser is a current or former employee and the disclosure relates solely to personal work-related grievances the disclosure does not qualify for protections under the Act.

Personal work-related grievances relate to a person's current or former employer but do not have any other significant implications for DDH or relate to any other disclosable conduct.

E.g.:

- interpersonal conflicts between employees
- a decision about the engagement, transfer or promotion of the discloser
- a decision to suspend or terminate the engagement of the discloser.

Workplace grievances remain the jurisdiction of the Fair Work Act. All employees should seek legal advice about their rights and protections under employment or contract law.

## 9.0 Who can receive a disclosure within DDH?

---

To qualify for protections under the Act, a discloser needs to make a disclosure directly to one of the entity's eligible recipients. Eligible recipients include:

- an officer of DDH, such as a Director or company secretary.
- a senior executive within DDH (makes or participates in making decisions that affect DDH);
- the Whistle-blower Investigations Officer.

Ultimately all reports received will be referred to the whistle-blower investigations officer and the Directors of DDH, unless there are exceptional circumstances. DDH's current Whistle-blower Investigation Officer is the Senior Compliance Manager.

## 10.0 Who can receive a disclosure outside DDH?

---

It is important to note that a discloser can also make a disclosure directly to regulatory bodies, or the external auditor of DDH; and still qualify for protection under the Act without making a prior disclosure to DDH.

They can also make a disclosure to a legal practitioner for the purposes of advice in relation to the Whistle-blower provisions of the Act or representation and still qualify for protection.

### **Public interest disclosures and emergency disclosures**

Public interest or emergency disclosures can be made to a journalist or other parliamentarian where:

- a) at least 90 days have passed since the discloser made the disclosure to ASIC, APRA or another Commonwealth body prescribed by regulation.
- b) the discloser does not have reasonable grounds to believe that action is being, or has been taken, in relation to their disclosure;
- c) the discloser has reasonable grounds to believe that making a further disclosure of the information is in the public interest; and
- d) before making the public interest disclosure, the discloser has given written notice to the body to which the previous disclosure was made that:
  - (i) includes sufficient information to identify the previous disclosure; and
  - (ii) states that the discloser intends to make a public interest disclosure.

An 'emergency disclosure' is the disclosure of information to a journalist or parliamentarian, where:

- a) the discloser has previously made a disclosure of the information to ASIC, APRA or another Commonwealth body prescribed by regulation.

- b) the discloser has reasonable grounds to believe that the information concerns a substantial and imminent danger to the health or safety of one or more persons or to the natural environment;
- c) before making the emergency disclosure, the discloser has given written notice to the body to which the previous disclosure was made) that:
  - (i) includes sufficient information to identify the previous disclosure; and
  - (ii) states that the discloser intends to make an emergency disclosure;and
- d) the extent of the information disclosed in the emergency disclosure is no greater than is necessary to inform the journalist or parliamentarian of the substantial and imminent danger

## 11.0 How to make a disclosure

---

There are a range of different internal and external reporting channels available for disclosers to report their concerns anonymously or confidentially at any time. Where an eligible whistle-blower (see section 4) has reasonable grounds for a suspicion of a disclosable matter (section 8), they should report this matter to the Whistle-blower Investigation Officer or other eligible recipient in a way they feel comfortable using. Whilst not a requirement, DDH encourages you to first raise concerns internally to enable DDH to identify and address wrongdoing as early as possible.

If you are not sure whether your suspicion relates to a disclosable matter, then you can also seek guidance from the Whistle Blower Investigations Officer.

Under this policy you can chose to report your concerns through any of the following channels:

### **Internal**

- Senior Compliance Manager, DDH
- Joint Managing Directors, DDH
- Company Secretary, DDH
- Chief Information Officer, DDH
- Managing Director – Australian Money Market
- Senior Compliance Officer – Australian Money Market
- Any other eligible recipient (see section 9)

Your disclosure need not be in writing it can be made orally. Generally, however the report requires more than a basic alert; some degree of evidence should accompany the report. Whilst it is not mandatory for evidence to be provided with a report, it will assist in the initial investigations to determine the credibility of the reportable conduct, and therefore accelerate the process of granting whistle-blower status to the person making the report.

You can also choose to email the following address: [disclosures@ddhgraham.com.au](mailto:disclosures@ddhgraham.com.au)

### **External**

You can also choose to report the matter to a regulatory body such as ASIC, ATO, APRA or DHH's external auditor and still qualify for protection.

## **Anonymous and confidential disclosures**

Disclosures can be made anonymously and still be protected by the Act (section 1317AAE), Therefore, you can choose to remain anonymous while making a disclosure, over the course of the investigation and after the investigations is finalised. You can also refuse to answer questions that you feel could reveal your identity at any time, including during follow-up conversations.

Should you wish to remain anonymous then you should seek to maintain ongoing two-way communications with DDH so that follow up questions can be asked, and feedback provided. DDH may not be able to undertake an investigation of the disclosure, if there is no means of contacting you for further information.

Due to the size of DDH, or the nature of the matter being disclosed, it may not be possible to complete a disclosure anonymously. In practice it may be possible for people to guess the identity of a discloser if:

- The discloser has previously mentioned to other people that they are considering making a disclosure
- The discloser is one of a very small number of people with access to the information being disclosed.

DDH will seek to protect anonymity where possible by accepting disclosures where people seek to protect their identity through the use of technology. E.g. by accepting anonymised email addresses, or anonymous phone calls. You may also adopt a pseudonym for the purpose of the disclosure, where identify is known to the eligible recipient, but your identity is not disclosed to others.

### **What happens next?**

Upon receipt of a disclosure DDH will seek to acknowledge receipt (if possible due to anonymous nature of the disclosure), and provide on-going updates to you during key stages such as:

- Commencement of an investigation process
- Whilst the investigation is in process
- After the investigation has been finalised.

Given the nature of the disclosure it may not be appropriate to provide details of the outcome of the investigation to you.

The eligible recipient of the report will initially alert the Board to the report and make preliminary investigations into the report to determine its validity.

Where the investigations appear to confirm the matter is **not** a disclosable matter, the Board will be advised accordingly and, depending on the circumstances, it may be resolved by either taking no action, or provide further training to staff on this Policy.

Where the investigations appear to confirm the matter as a disclosable matter, the Board will be advised that a full investigation will be commenced.

## 12.0 Handling and investigating disclosures

---

All disclosure reports, information or any other type of notification about a potential or actual disclosable matter, must be reported to the Whistle-blower Investigation Officer or other eligible recipient for further investigation. The process for this investigation may vary depending upon the nature of the disclosure. Where appropriate, an external third party may be engaged to assist in the investigation process.

Where a full investigation is required, the Internal Compliance Committee and the Board will be required to approve this. This is to ensure that all investigations are objective, fair and independent.

The purpose of an investigation is to:

- Determine whether the matter qualifies for protection under the Act
- Gather all information relating to the matter; DDH will focus on the substance of the disclosure rather than a perceived motive for making the disclosure.
- Consider the nature of any technical, financial or legal advice that may be required to support the investigation.
- Consider whether the disclosure relates to a matter that needs to be disclosed to a regulator
- Consider whether the disclosure relates to a matter that needs to be disclosed to the professional indemnity insurer.
- Conduct interviews where required.
- Provide interim updates to the Internal Risk and Compliance Committee and Board if appropriate.
- Prepare a written report for the Internal Risk and Compliance Committee and Board; and
- Provide feedback to the discloser

Access to findings of the report may need to be restricted to those managing and investigating the disclosure so as to preserve the confidentiality of the investigation and to protect those parties involved in the disclosure.

The Board will then provide direction on the findings of the report. Potential outcomes of the report may include:

- Rectifying identified internal weaknesses.
- Commencing disciplinary action against employees found to have contributed to, committed, encouraged or concealed conduct in relation to a disclosable matter
- Commencing breach notification procedure to a regulator.
- Referring criminal activity to external law enforcement bodies.
- Lodging a claim with the professional indemnity insurer.

## 13.0 Engaging external agencies

---

Where the investigation of a disclosable matter requires the assistance of external agencies to resolve, the Whistle-blower Investigation Officer will be responsible for coordinating the matter between DDH and the agencies.

Board approval will be required prior to engaging an external agency.

## 14.0 Legal protections for disclosers.

---

As described in section 7 a discloser qualifies for protection as a whistle-blower under the Act, if they are an eligible whistle-blower and they have made a disclosure of information relating to a 'disclosable matter' directly to an 'eligible recipient' Section 1317AI(5) (a). This protection includes:

- Identity protection (confidentiality).
- Protection from detrimental acts or omissions.
- Compensation and other remedies; and
- Civil, criminal and administrative liability protection.

A discloser can still qualify for protection even if their disclosure turns out to be incorrect.

### **Identity protection**

DDH will seek to protect the identity of an eligible discloser where they wish to remain anonymous. It will not disclose, and it is also illegal for DDH to disclose, the identity or information that is likely to lead to the identification of the discloser outside of the following exceptions:

- to ASIC, APRA or a member of the Australian Federal Police (within the meaning of the Australian Federal Police Act 1979.).
- to a legal practitioner for the purposes of obtaining legal advice or legal representation about the whistle-blower provisions of the Act.
- to a person or body prescribed by the regulations; or
- With the consent of the discloser.

DDH can disclose the information contained in a disclosure with or without the discloser's consent if:

- The information does not include the discloser's identity.
- DDH has taken all reasonable steps to reduce the risk that the discloser will be identified from the information; and
- It is reasonably necessary for investigating the issues raised in the disclosure.

A discloser can lodge a complaint with DDH or to a regulatory such as ASIC or ATO about a breach of confidentiality.

### **Protection from detrimental acts or omissions**

A discloser is protected under the Act from conduct that causes detriment to a discloser, or another person, in relation to a disclosure, if a person believes or suspects that the discloser made, may have made, proposes to make or could make a disclosure that qualifies for protection, and this belief is reason, or part of the reason for the conduct. This includes

threats to cause detriment, a threat can be express or implied, conditional or unconditional. The discloser does not have to fear that the threat will be carried out.

Detrimental conduct includes but is not limited to:

- a) dismissal of an employee
- b) alteration of an employee's position or duties to his/her disadvantage
- c) discrimination between an employee and other employees of the same employer.
- d) harassment or intimidation
- e) injury to person.

Actions that are not considered detrimental under the Act include:

- a) administrative action that is reasonable for the purpose of protection a discloser from detriment e.g. moving a discloser who has made a disclosure in relation to their immediate work area to another team or office.
- b) Managing a disclosers unsatisfactory work performance, if the action is in line with DDH performance management framework.

### **Compensation and other remedies**

A discloser (or any other employee or person) can seek compensation and other remedies through the courts if:

- They suffer loss, damage or injury because of a disclosure; and
- DDH failed to take reasonable precautions and exercise due diligence to prevent the detrimental conduct.

A discloser in this situation is encouraged to seek independent legal advice.

### **Civil, criminal and administrative liability protection**

A discloser is also protected under the Act from any of the following in relation to their disclosure:

- a) **Civil liability** e.g. any legal action against them for breach of an employment contract, duty of confidentiality or another contractual obligation
- b) **Criminal liability** e.g. prosecution for unlawfully releasing information (other than for making a false disclosure (known by the discloser to be untrue)
- c) **Administrative liability** e.g. disciplinary action for making the disclosure.

This Policy does not grant immunity for any misconduct a discloser has engaged in that is revealed in their disclosure.

### **Tax whistle-blowers**

It should also be noted that if the disclosure relates to tax avoidance behaviour or other tax issues, then there are protections provided in the tax whistle-blower regime under Part IVD of the Taxation Administration Act 1953. To qualify for protection as a tax whistle-blower, certain conditions must be satisfied. You must:

- be, or have been, in a specific relationship with the entity you are reporting about, for example you are
  - an employee

- a former employee
  - a dependant
  - a spouse
- report the entity to the ATO or to an eligible recipient who is in a position to take appropriate action – this includes someone appointed by the entity the disclosure is about, for example, an internal auditor
  - consider that the information will help the ATO or the recipient perform their duties under taxation law.

If you don't qualify for protection as a tax whistle-blower, you can still make a tip-off. Further information can be found here: <https://www.ato.gov.au/general/gen/whistleblowers/>

## 15.0 Support and Practical Protection

---

DDH is committed to supporting disclosers and protecting them from detriment. To achieve this, it will seek to implement measures to:

- Protect the confidentiality of a discloser's identity.
- Protect disclosers from detrimental acts or omissions.

### **Measures for protecting confidentiality**

In order to reduce the risk that the discloser will be identified from the information contained within a disclosure DDH will seek to, where relevant and possible:

- Redact all personal information in relation to the discloser witnessing an event
- Refer to the discloser in a gender-neutral context
- Assist the discloser to identify aspects of their disclosure that could inadvertently identify them
- All paper and electronic documents and other materials in relation to a disclosure will be stored securely.
- Access to information will be limited to those directly involved in managing or investigating the disclosure.
- Communications and documentation relating to the investigation of a disclosure will not be sent to an email address or to a printer that can be accessed by other staff.

### **Measures for protecting from detrimental acts or omissions**

Upon receipt of a disclosure the appropriate persons within DDH will seek to assess the risk of detriment to the discloser, and put in place controls to mitigate this risk, and monitoring of the risk through the disclosure process. How this risk assessment is performed and the nature of the controls that will be put in place, will depend upon the nature of the disclosure. However generally speaking the following steps will be followed, where applicable.

1. **Risk Identification:** Assessing whether anyone may have a motive to cause detriment. To do this can gather information from the discloser about:

- a. Their view on the risk of their identity becoming known
  - b. Who they fear may cause detriment to them
  - c. Whether there are any other existing conflicts or problems in the workplace; and
  - d. Whether they have already received any threats to cause detriment.
2. **Risk Analysis:** Analysing and evaluating the likelihood of the risk and severity of consequences
  3. **Risk Control:** developing and implementing strategies to contain the risk
  4. **Risk Monitoring:** monitoring and reassessing the risk of detriment as the investigation progresses.

Confidential records on this risk assessment and control plan will be retained by DDH.

## 16.0 Ensuring fair treatment of individuals mentioned in disclosures.

---

As per section 1317A(5)(e.) of the Act, DDH will also seek to ensure the fair treatment of its employees who are mentioned in a disclosure that qualifies for whistle-blower protections. How it will do this will depend upon the nature of the disclosure but could include:

- Disclosures will be handled confidentially, where appropriate and practical.
- All disclosures will be objectively assessed to determine whether there is enough evidence to substantiate or refute the matters reported.
- When an investigation needs to be undertaken, the process will be objective, fair and independent
- An employee who is subject of a disclosure will be advised about the subject matter of the disclosure as and when required and prior to any actions been taken. However, it may not be possible to inform them at the start of the investigation if there are concerns that the individual will be able to destroy any relevant information.

## Section C Administration of this Policy

---

### 17.0 Monitoring Compliance with this Policy

---

The DDH Board bear the ultimate responsibility for this Policy, and to ensure that the broader trends, themes and/or emerging risks highlighted by the disclosures made under this Policy are addressed and mitigated as part of its risk management and corporate governance frameworks. The board, delegate the monitoring of compliance with this Policy to the Senior Compliance Manager

## 18.0 Training

---

Training will be provided to all new employees as part of the induction process, and to all staff, Directors and representatives on a regular basis, to maintain their knowledge of DDH's Whistle-blower Policy. Attendance will be compulsory and a register certifying attendance will be required to be signed and dated.

## 19.0 Record keeping

---

The Policy Owner is responsible for ensuring that the following information in relation to this Policy is retained for a period of at least 7 years:

- all approved versions of this Policy (including details of their approval);
- any relevant registers which relate to this Policy;
- records evidencing compliance or non-compliance with this Policy;
- details of any reviews undertaken;
- evidence of training on this Policy; and
- any other documentation relevant to the implementation of and compliance with this Policy.

## 20.0 Related Documents / Links

---

This Policy relates to the suite of Policies and Procedures as listed below:

- Code of Ethics and Conduct
- Internal Fraud and Corruption Control Policy and Procedure
- Privacy Policy
- Breach Management Policy and Procedure.

## 21.0 Currency

---

This Policy is current as December 2019 and is reviewed, at a minimum, annually. Where necessary, the Policy will be reviewed and updated in accordance with any system changes or changes to related Policies, legislation or regulation.

## 22.0 Version History

<b>Version Number</b>	<b>Effective Date</b>	<b>Amendment / Review Description</b>	<b>Approved by</b>
10	February 2020	Added email address	Internal Risk and Compliance Committee
9	December 2019	Annual review and incorporation of RG 270 released in November 2019.	Internal Risk and Compliance Committee.
8	April 2019	General review and merge Policy and Procedure	Internal Compliance Committee and Board
7	September 2017	Annual review <ul style="list-style-type: none"> <li>• General formatting</li> <li>• Update logo</li> <li>• Change related documents to a list instead of a hyperlink</li> </ul>	Internal Compliance Committee and Board
6	September 2016	Annual review – no changes required	Internal Compliance Committee and Board
5	September 2015	Annual review – format changes (headers)	Internal Compliance Committee and Board
4	December 2014	Compliance framework consistencies in accordance with external audit and internal reviews	Internal Compliance Committee and Board
3	December 2012	Periodic review – no update required	
2	December 2010	Periodic review – no update required	
1	June 2008	Document rewrite	