

Reporting Abuse in Defence

Reporting Form

Please complete this form if you want to report experiences of abuse while employed in the Australian Defence Force (Defence), to the Defence Force Ombudsman. Reports of abuse in Defence are assessed under the *Ombudsman Regulations 2017* (the Regulations). Abuse is defined in the Regulations to mean: sexual abuse; serious physical abuse; and serious bullying and harassment. The report of abuse must also be about abuse allegedly carried out by a member of Defence.

Reports of abuse can be made by, and on behalf of¹, serving and former members of Defence. Reports can also be made by Australian Public Service employees or contractors who have been deployed overseas in connection with Defence activities.

If your abuse is assessed as being within the Ombudsman's jurisdiction, your report will be used to contribute to Defence's commitment to cultural reform.

In addition, you may be eligible to participate in the Ombudsman's Restorative Engagement Program. This program is designed to support you, as a reportee, to tell your personal account of abuse to a senior representative from Defence in a private, facilitated meeting—a Restorative Engagement conference. The conference also provides the opportunity for Defence to acknowledge and respond to your personal story of abuse. More information on the Restorative Engagement Program can be found on our [website](#).

Independent of the assessment process, we can also assist with a referral to counselling with Open Arms.

If completing the Reporting Abuse in Defence Form is causing you difficulty or you would like support, please contact an Ex-Service Organisation (ESO) advocate, who can support you through the reporting process. To find your local ESO Advocate to help assist you with the reporting process, please visit: [Find an advocate | Department of Veterans' Affairs \(dva.gov.au\)](#).

This form is ready to be submitted when:

- ☐ you have attached **one copy of certified identification**
- ☐ you have answered all of the questions on the reporting abuse form
- ☐ you have **signed the statutory declaration and had it witnessed**
- ☐ you have attached any relevant supporting material (*if applicable*)
- ☐ you have attached the signed 'on behalf of authority' form (*if applicable*)

¹ You can nominate an authorised representative to act on your behalf, this may be, for example, a family member or advocate. This requires you to complete the Permission for another person to act on my behalf form on page 27.

Once you have completed this form, you can submit it to us either by post or email. The addresses are:

- a. email to: defenceforce.ombudsman@ombudsman.gov.au or
- b. post to: Defence Force Ombudsman, GPO Box 442 Canberra ACT 2601

Please make sure you use the correct email address. We will email you an acknowledgement of receipt.

If you are sending your report by post – we recommend sending it by registered mail.

Use and disclosure of personal information

Personal information of people who contact the Defence Force Ombudsman is treated as confidential and is managed in accordance with the *Privacy Act 1988* (Cth).

Personal information is information about an individual whose identity is apparent or can reasonably be discovered.

The Commonwealth Ombudsman [Privacy Policy](#) provides further detail about how your personal information will be collected and used.

The Commonwealth Ombudsman, as part of its Defence Force Ombudsman jurisdiction, can receive and assess reports of abuse in Defence. The Office of the Commonwealth Ombudsman is an entity under the *Privacy Act 1988* and is subject to the Australian Privacy Principles (APPs). The APPs set out standards, rights and obligations for APP entities in relation to handling, holding, accessing and correcting personal information.

Personal information that the Ombudsman collects and holds, and the purpose of collection

In relation to reports of abuse, the Ombudsman collects personal information where it is relevant to discharging our obligations under the *Ombudsman Regulations 2017*.

This personal information *may include* the name, address, contact details, date of birth, gender, occupation, employment history, family background and financial records of individuals who have reported abuse in Defence to the Ombudsman. It may also include information about alleged abusers and other third parties, such as witnesses to the abuse or individuals to whom the abuse was reported.

The information which the Ombudsman collects and holds includes some types of sensitive information (which is a subset of personal information). This may include sensitive information about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual orientation or practices, criminal record or physical or mental health.

How the Ombudsman collects personal information

At all times the Ombudsman tries to only collect the information needed for the particular function or activity we are carrying out under the Regulations. Where it is reasonably practicable to do so, we collect this information directly from the individual concerned.

People who make reports to the Ombudsman provide us with personal information to enable us to assess their report of abuse and take appropriate action in accordance with the Regulations. In appropriate circumstances, personal information may be collected indirectly or from other sources, such as the Department of Defence, the Department of Veterans' Affairs or from public records.

How the Ombudsman holds personal information

The Ombudsman uses a range of physical and electronic security measures to protect personal information from misuse and loss, and from unauthorised access, modification or disclosure. These measures include restricted physical access to our offices, security containers, firewalls, secure databases, computer-user identifiers and passwords.

The requirements of the *Archives Act 1983* relating to Commonwealth records (including the disposal, alteration and destruction of such records) apply to Ombudsman records, including personal information held by the Ombudsman. The National Archives of Australia has imposed a disposal freeze on Commonwealth records potentially related to allegations, handling and consequences of sexual and other forms of abuse in Defence. Further information regarding the disposal freeze is available at the Archives website:

<https://www.naa.gov.au/information-management/disposing-information/disposal-freezes-and-retention-notice/records-related-allegations-abuse-defence>

Certification of documents

A **certified copy** of a document is a copy (often a photocopy) of a primary document that has on it an endorsement or certificate that it is a true copy of the primary document.

- Who can certify a copy?

The same person who is eligible to witness you signing a statutory declaration can certify documents.

- How are copies certified?

Before certifying a document, the certifier must ensure the copy is an identical copy of the original. Suggested wording for the certification is as follows:

<p>I certify that this is a true copy of the document sighted by me on [dd/mm/yyyy] Signature Name Qualification (eg. JP, Pharmacist)</p>

Commonwealth statutory declaration form

A **statutory declaration** is a written statement which you sign and declare to be true before an authorised witness.

- Authorised witnesses

Common examples of an authorised witness include a Justice of the Peace, police officer, certain people working in banks and staff at courthouses. Police stations often have a Justice of the Peace available at certain times.

- False information

If you intentionally make a false statement in a statutory declaration you can be charged with a criminal offence which carries the possibility of up to four years imprisonment.

If you would like further information about statutory declarations visit

<https://www.ag.gov.au/legal-system/statutory-declarations>

PART A

CONSENT FORM

In this form we seek your consent for the Defence Force Ombudsman and other agencies, persons or bodies, to collect and disclose your personal information for the purposes of responding to your report.

The Ombudsman requires your consent to approach Defence to confirm your record of service and to obtain other information relevant to the report. All of your personal information will be kept confidential by Defence.

Personal information will only be shared if it is necessary and any information shared will be limited to relevant information.

I agree and provide my consent to:

- My name, my description of the abuse I experienced contained in my report of Defence abuse, and any other personal information I have provided, being provided to Defence for the purposes of it being able to provide information relevant to my matter.
- My relevant personal information held by any body, person or agency (such as Defence) being provided for the work of the Ombudsman in facilitating an appropriate response to my communications.
- Any organisation, department, doctor, health professional, hospital or other health institution or rehabilitation provider, providing the Ombudsman with copies of any reports, or other relevant documentation, in relation to any treatment provided to me arising from any incident or injury suffered by me in connection with my service with the Australian Defence Force or Department of Defence.

Signature:

Full Name:

Date:

Important note: This *Reporting Abuse form* is set out as a Statutory Declaration. A person who intentionally makes a false statement in a Statutory Declaration is guilty of an offence, the punishment for which is imprisonment for a term of up to four years – Section 11 *Statutory Declarations Act 1959* (Cth).

<p>Please provide one <u>certified copy</u> of proof of your identity:</p> <p>Please refer to page 5 of this form for details of who may/how to certify documents</p>	<p><input type="checkbox"/> Current driver's licence</p> <p><input type="checkbox"/> Current concession card</p> <p><input type="checkbox"/> 'Proof of age' card</p> <p><input type="checkbox"/> Employee identity card issued by an Australian</p> <p><input type="checkbox"/> Government Authority</p> <p><input type="checkbox"/> Current passport identification page</p> <p><input type="checkbox"/> Senior's card</p> <p><input type="checkbox"/> Other recognised proof of identity</p> <p>Comments:</p>
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If you are unable to provide proof of identity documentation because it does not exist or because you live in a remote or isolated area, you should have a referee² complete the 'Verification of identity when certified identity cannot be provided' form on page 29.

² A referee for this purpose, is someone who can confirm/verify who you are.

Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959 (Cth)

PERSONAL DETAILS OF PERSON MAKING REPORT

I,

1. Title	
2. Last name	
3. Given name(s)	
4. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> (Indeterminate/Unspecified)
5. Date of birth (day/month/year)	
6. Current residential address	
Unit/Street number and name	
Suburb	
State/Territory/Other	
Postcode	
Country, if not Australia	
7. Occupation	

make the following declaration under the *Statutory Declarations Act 1959 (Cth)*:

ADDITIONAL PERSONAL DETAILS

8. Current postal address (if same, write 'as above')	
Unit/Street number and name	
Suburb	
State/Territory/Other	
Postcode	
Country, if not Australia	
9. Email address	
10. Mobile number	
11. Home phone number (include area code)	
12. Work phone number (include area code)	
13. Preferred contact method	<input type="checkbox"/> Mobile <input type="checkbox"/> Home phone number <input type="checkbox"/> Work phone number <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Other Comments:

14. Additional instructions for contact (e.g. email before phone contact, best times to contact, do not leave a message)	
15. Service status	<input type="checkbox"/> Current serving member <input type="checkbox"/> Former member <input type="checkbox"/> APS employee – deployed overseas <input type="checkbox"/> Defence contractor – deployed overseas <input type="checkbox"/> Reservist (please specify reserve type below) Comments:
16. Service	<input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> APS (Department of Defence) Comments:
19. Dates of service/employment	Start date: End date:

PART B

REPORT

The following is a true and accurate account of the abuse I experienced, which I am reporting to the Defence Force Ombudsman, for consideration and assessment:

YOUR DETAILS AT THE TIME OF THE INCIDENT(S)

<p>1. What was your name at the time of the incident(s)?</p>	<p>Given name(s):</p> <p>Surname:</p> <p>Nickname(s):</p>
<p>2. If you were known by a different name, please provide details (e.g. maiden name, formerly known as)</p>	
<p>3. What was your gender at the time of the incident(s)?</p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> (Indeterminate/Unspecified)</p>
<p>4. What Service were you in at the time of the incident(s)?</p>	<p><input type="checkbox"/> Navy</p> <p><input type="checkbox"/> Army</p> <p><input type="checkbox"/> Air Force</p> <p><input type="checkbox"/> APS (Department of Defence) – deployed overseas at time of the incident(s)</p> <p><input type="checkbox"/> Defence contractor – deployed overseas at the time of the incident(s)</p> <p>Comments:</p>

5. What was your Title/Rank/Level at the time of the incident(s)?	
6. PMKeys/Service Number	
7. How old were you at the time of the incident(s)?	

DATE AND LOCATION OF THE INCIDENT(S)

8. Please provide the dates of when the incident(s) happened?	
9. Where did the incident(s) occur? (e.g. provide the name of the base or Defence establishment the incident(s) occurred)	

DETAILS OF THE PERSON(S) WHO ABUSED YOU

The following question is asking you to identify anyone who abused you. Please describe in as much detail as possible. ***Detail is important.***

<p>10. Do you remember the name(s) of the person(s) who abused you?</p> <p>Please write what you can to help identify them.</p>	<p>Given name(s):</p> <p>Surname(s):</p> <p>Nickname(s):</p> <p>Comments:</p>
<p>11. If you do not know the name of the person(s) who abused you, please give a reason why.</p> <p>(e.g. the person was unknown to me)</p>	
<p>12. What was the gender of the person(s) who abused you?</p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> (Indeterminate/Unspecified)</p> <p><input type="checkbox"/> I don't know</p>

<p>13. Do you know what Service the person(s) who abused you was in?</p>	<p> <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> APS (Department of Defence) – on deployment overseas at the time <input type="checkbox"/> Defence contractor – on deployment overseas at the time Comments: </p>
<p>14. Do you know the Title/Rank/Level of the person(s) who abused you?</p>	
<p>15. What was this person's relationship to you at the time of the incident(s)? (e.g. Chain of command, Senior officer etc.)</p>	
<p>16. Please provide any additional details about the person(s) who abused you.</p>	

DETAILS OF ANY PERSON(S) WHO MAY HAVE KNOWN ABOUT THE INCIDENT(S)

The following question is asking you to identify anyone who may have known about the abuse.

Please describe in as much detail as possible. ***Detail is important.***

<p>17. Do you remember the name(s) of anyone who witnessed the incident(s)?</p> <p>Please write what you can to help identify them.</p>	<p>Given name(s):</p> <p>Surname(s):</p> <p>Nickname(s):</p> <p>Comments:</p>
<p>18. Please provide any additional details about any witness(es).</p>	

REPORTING THE INCIDENT(S)

Please note, there is no requirement to have reported this to any other agency before submitting this form. Please describe in as much detail as possible the incident(s). ***Detail is important.***

19. Did you report the abuse you experienced?	<input type="checkbox"/> Yes – please answer questions 21 to 23 <input type="checkbox"/> No, I have not reported my abuse – please answer question 20
20. Please provide details of any reasons for your decision <u>not to report</u> the abuse you experienced. If you did not report the abuse, you do not need to answer any further questions in this section (21 – 23).	
21. Did you report the abuse at the time of the incident or later?	<input type="checkbox"/> I reported at the time of the incident <input type="checkbox"/> I reported the incident later – please provide details below about when you reported and why you chose to report at a later time. Comments:

DETAILS REGARDING MEDICAL TREATMENT RELATING TO THE INCIDENT(S)

The following questions are asking you about any medical injuries suffered and treatment sought in relation to the abuse you experienced. Please describe in as much detail as possible. ***Detail is important.***

24. What was the nature of any injury or injuries you suffered from the abuse?	
25. Did you seek medical treatment in relation to any injuries suffered?	<input type="checkbox"/> Yes – please answer question 27 <input type="checkbox"/> No – please answer question 26
26. Please provide details of any reasons for your decision not to seek medical treatment. If you did not seek medical treatment, you do not need to answer question 27.	
27. Please provide details of any medical treatment you received	

DETAILS OF THE ABUSE YOU EXPERIENCED

Please describe the incident(s) you have experienced in your own words and in as much detail as possible. You should write in a way that gives a clear understanding of the abuse that took place.

Please include details of how you were treated, what was said to you, and how often it happened.

Detail is important. A statement like “I was sexually assaulted” needs to be supported by additional information/detail for us to be able to assess your report and whether it was reasonably likely to have occurred.

It is important that you record as much information as you can. The report you submit is the report that will be assessed.

28. Please describe the abuse you experienced. Your answer is not space or word limited. If you need more space, please attach additional pages and say ‘see attached statement’.

DETAILS ABOUT WHY YOU HAVE DECIDED TO SUBMIT YOUR REPORT

<p>29. What are you hoping for through this process? (select all that apply)</p>	<ul style="list-style-type: none"><input type="checkbox"/> Acknowledgement of your experience of abuse by Defence (which may arise from a Restorative Engagement Conference³)<input type="checkbox"/> An apology from Defence (which may arise from a Restorative Engagement Conference)<input type="checkbox"/> Gain a sense of closure<input type="checkbox"/> For my report to contribute to Defence's commitment to cultural reform<input type="checkbox"/> A referral to counselling with Open Arms<input type="checkbox"/> Other – provide comments below <p>Comments:</p>
<p>30. How did you hear about us?</p>	

³ For detailed information about a Restorative Engagement Conference, see:
<https://www.ombudsman.gov.au/complaints/defence-force-complaints/reporting-abuse>

ADDITIONAL INFORMATION

<p>31. Is there any other information you would like to provide?</p>	
<p>32. Completing the report</p> <p>Note: we cannot assess incomplete reports</p>	<p>Before submitting your report, you need to:</p> <ul style="list-style-type: none"><input type="checkbox"/> have attached <u>one copy of certified identification</u><input type="checkbox"/> have answered all of the questions on the reporting abuse form<input type="checkbox"/> have <u>signed the statutory declaration and had it witnessed</u><input type="checkbox"/> have attached any relevant supporting material (<i>if applicable</i>)<input type="checkbox"/> have attached the signed 'on behalf of authority' form (<i>if applicable</i>) <p>When you have completed all of the above, compile them together and either, email your report to: DefenceForce.Ombudsman@ombudsman.gov.au</p> <p>Or post it to: Defence Force Ombudsman GPO Box 442, Canberra ACT 2601</p>

SUPPORTING MATERIAL

Please provide any supporting material that relates to the abuse you experienced. These documents ***do not*** need to be certified.

Documents which can assist the assessment process include:

- your service records (which relate to the incident(s) you have reported in this form)
- medical records (which relate to the abuse you experienced)
- Witness or Police statements (which relate to the abuse you experienced)

If you do not have copies of any of these documents but know who may be able to provide them or where they can be obtained, please provide this information.

Please note: A person witnessing your signature is only required to see you sign the documents and sign the signature declaration below. Witnesses are not required to view or read the details provided in this report.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

1 *Signature of person making the declaration* 1

2 *[Optional: email address and/or telephone number of person making the declaration]* 2

3 *Place* Declared at ³ on ⁴ of ⁵

4 *Day*

5 *Month and year* Before me,

6 *Signature of person before whom the declaration is made (see over)* 6

7 *Full name, qualification and address of person before whom the declaration is made (in printed letters)* 7

8 *[Optional: email address and/or telephone number of person before whom the declaration is made]* 8

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

Note 2 Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

A statutory declaration under the *Statutory Declarations Act 1959* may be made before–

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Architect	Chiropractor	Dentist
Financial adviser	Financial Planner	Legal practitioner
Medical practitioner of the <i>Migration Act 1958</i>	Midwife	Migration agent registered under Division 3 of Part 3
Nurse	Occupational therapist	Optometrist
Patent attorney	Pharmacist	Physiotherapist
Psychologist	Trade marks attorney	Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Accountant who is:

- a) a fellow of the National Tax Accountants' Association; or
- b) a member of any of the following:
 - i. Chartered Accountants Australia and New Zealand;
 - ii. the Association of Taxation and Management Accountants;
 - iii. CPA Australia;
 - iv. the Institute of Public Accountants

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public

APS employee engaged on an ongoing basis with 5 or more years of continuous service who is not specified in another item in this list

Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)

Bailiff

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Credit union officer with 5 or more years of continuous service

Employee of a Commonwealth authority engaged on a permanent basis with 5 or more years of continuous service who is not specified in another

item in this list

Employee of the Australian Trade and Investment Commission who is:

- (a) in a country or place outside Australia; and
- (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
- (c) exercising the employee's function at that place

Employee of the Commonwealth who is:

- (a) at a place outside Australia; and
- (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
- (c) exercising the employee's function at that place

Engineer who is:

- a) a member of Engineers Australia, other than at the grade of student; or
- b) a Registered Professional Engineer of Professionals Australia; or
- c) registered as an engineer under a law of the Commonwealth, a State or Territory; or
- d) registered on the National Engineering Register by Engineers Australia

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge

Justice of the Peace

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*

Master of a court

Member of the Australian Defence Force who is:

- a) an officer
- b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service
- c) a warrant officer within the meaning of that Act

Member of the Australasian Institute of Mining and Metallurgy

Member of the Governance Institute of Australia Ltd

Member of:

- a) the Parliament of the Commonwealth
- b) the Parliament of a State
- c) a Territory legislature
- d) a local government authority

Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*

Notary public, including a notary public (however described) exercising functions at a place outside

- a) the Commonwealth
- b) the external Territories of the Commonwealth

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office providing postal services to the public

Permanent employee of

- a) a State or Territory or a State or Territory authority
- b) a local government authority

with 5 or more years of continuous service, other than such an employee who is specified in another item of this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior executive employee of a Commonwealth authority

Senior executive employee of a State or Territory

SES employee of the Commonwealth

Sheriff

Sheriff's officer

Teacher employed on a permanent full-time or part-time basis at a school or tertiary education institutio

Permission for another person to act on my behalf

If you wish to permit another person to complain to the Ombudsman on your behalf, and that person is not your legal guardian or legal representative, you need to give your consent for that person to communicate with the Ombudsman's office. To do so, please complete this form and provide it to Office of the Commonwealth Ombudsman.

I,
[your name]

Authorise

.....
[name of authorised person]

.....
[phone of authorised person]

.....
[email of authorised person]

to make a report of abuse on my behalf to the Commonwealth Ombudsman and understand that the Office of the Commonwealth Ombudsman will share my personal information with them for that purpose.

I understand that

.....
[name of authorised person]

will receive my personal information from the Commonwealth Ombudsman about my report.

.....
Your signature

.....
Date

Verification of identity when certified identity cannot be provided

You should only complete this section where you are unable to provide proof of identity documentation because it does not exist or because you live in a remote or isolated area. In these circumstances you should have a referee complete this section. A referee for this purpose is someone who can confirm/verify who you are.

I (Referee's full name)	
of (Referee's address)	
have known (Name of person making report)	
for	_____ year(s)
and confirm this is their signature hereunder	
Signature of person making report:	Date: ____ / ____ / ____
Signature of referee:	Date: ____ / ____ / ____