

Request form for WorkCover NSW to commence a prosecution

The following form is used by WorkCover to gather core information required for a person to make a request to commence a prosecution.

Request under section 231 of the WHS Act for WorkCover to commence a prosecution for a section 31 (category 1) or section 32 (category 2) offence of the WHS Act

APPLICANT'S DETAILS

| | |
|----------------------------|----------------------|
| Title | Family/Surname |
| <input type="text"/> | <input type="text"/> |
| Given name | |
| <input type="text"/> | |
| Middle/Other name | |
| <input type="text"/> | |
| Date of birth (DD/MM/YYYY) | Phone number |
| <input type="text"/> | <input type="text"/> |
| Email | |
| <input type="text"/> | |

Postal address

Unit number/Street number/Property number (include GPO Box or PO Box if applicable)

Street name

Suburb State Postcode

What is your relationship with the workplace to which your issue relates

NATURE OF THE WORK HEALTH AND SAFETY ISSUE

How do you believe the person has contravened the WHS Act (please provide information that details the act, matter or thing that you believe relates to the contravention)

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Date the alleged offence is believed to have occurred // (DD/MM/YYYY)

Address where the alleged offence occurred

Unit number/Street number/Property number (include Lot or DP number if applicable)

Street name

Suburb

State

Postcode

Daytime contact number

Mobile number

Email

DETAILS OF THE PERSON CONDUCTING THE BUSINESS OR UNDERTAKING YOU BELIEVE HAS COMMITTED THE OFFENCE (if known)

Name of business

Business address (write 'as above' if same as the address where the alleged offence occurred)

Unit number/Street number/Property number (include Lot or DP number if applicable)

Street name

Suburb

State

Postcode

ABN

 - - -

ACN

 - -

Daytime contact number

Mobile number

Email

NAMES, POSITIONS (INCLUDING THE NAME OF THE ORGANISATION THEY REPRESENT), AND CONTACT DETAILS OF PEOPLE WHO MAY HAVE INFORMATION RELEVANT TO THE ALLEGED OFFENCE

SUBMITTING THIS REQUEST

Please submit this request to WorkCover in writing via mail, fax or email to:

Prosecution Request
WorkCover NSW
Response Coordination and Enforceable Undertakings Unit
Locked Bag 2906
Lisarow 2252

Note:

1. WorkCover will maintain confidentiality over your personal details to the extent permissible and required by law.
2. It may be necessary for WorkCover to formally take a statement from you arising from your request.
3. You are advised that it is a requirement of the WHS Act that as a result of your request to WorkCover to commence a prosecution, the person you believe committed the offence will be informed by WorkCover of the request and of WorkCover's decision.