

Family name

PUBLIC INTEREST DISCLOSURE LODGEMENT FORM

Public Interest Disclosure Act 2003

This is an official lodgement form for a disclosure made under the *Public Interest Disclosure Act 2003*. An informant should ensure that they fully understand the rights and responsibilities required under this legislation before the form is completed and signed. Appropriate advice should be gained before any disclosure is made.

Personal Details

| Given name | | | | Gender (please circle) | | | M/F | | |
|--|----------------------|--------|-------------|------------------------|---------------|----|--------|----|--|
| Title (please circle) | Mr Ms Mrs Miss | | | | Date of Birth | | 1 | 1 | |
| Postal address | No. | | Street Name | | | | | | |
| | Suburb | | | | | | Postco | de | |
| Phone numbers | (H) | | | | (W) | | | | |
| | Mobil | Mobile | | | Emai | il | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Disclosure Details | | | | | | | | | |
| Name of the Public Authority(ies) the Disclosure relates to | | | | | | | | | |
| | | | | □ Ye | es | | | | |
| Do you work for a public authority? | | | | | | | | | |
| If Yes, which public authority and what is your position title? | | | | | | | | | |
| | | | | | | | | | |
| Does the disclosure relate to one or more | | | | □ Ye | es | | | | |
| individuals? | Total to one of more | | | | | | | | |
| If yes, please provide names and positions held by person(s) in the public authority | | | | | | | | | |

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PUBLIC INTEREST DISCLOSURE LODGEMENT FORM (Continued)

Public Interest Disclosure Act 2003

| Please tick box(es) on the area relevant to yo | our disclosure: | | | | | |
|--|---|--|--|--|--|--|
| □ Improper conduct | ☐ Irregular or unauthorised use of public resources | | | | | |
| ☐ An offence under State law, including corruption | ☐ Substantial unauthorised or irregular use of, or substantial mismanagement of public resources | | | | | |
| ☐ Administration matter(s) affecting you | ☐ Conduct involving a substantial and specific risk of injury to public health, prejudice to public safety or harm to the environment | | | | | |
| When did the alleged events occur? | | | | | | |
| Summary of disclosure | | | | | | |
| | | | | | | |
| Description of any documentation | on provided or names of witnesses | | | | | |
| | | | | | | |
| Have you reported this information to any | □ Yes | | | | | |
| other person or agency? | □No | | | | | |
| If yes, please provide details | | | | | | |

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PUBLIC INTEREST DISCLOSURE LODGEMENT FORM (Continued)

Public Interest Disclosure Act 2003

YOU SHOULD READ THE FOLLOWING INFORMATION AND SIGN AT THE END OF THIS FORM

| Acknowledgement | | | | | | | | | | | |
|---|--|--|------|---|---|--|--|--|--|--|--|
| I acknowledge that I believe on reasonable grounds that the information contained in this disclosure is or may be true. | | | | | | | | | | | |
| I have been | informed | and am aware that: | | | | | | | | | |
| 1. | mislead | will commit an offence if I know that the information contained in this disclosure is false or nisleading in a material particular, or am reckless as to whether it is false or misleading in a naterial particular. | | | | | | | | | |
| Penalty: | \$12,000 or imprisonment for one (1) year | | | | | | | | | | |
| 2. | I will forfeit protection provided by the <i>Public Interest Disclosure Act 2003</i> if I fail, without reasonable excuse, to assist a person investigating the matter by supplying requested information. | | | | | | | | | | |
| 3. | I will forfeit the protection provided by the <i>Public Interest Disclosure Act 2003</i> if I subsequently disclose this information to any person other than a proper authority under the Act. | | | | | | | | | | |
| 4. | 4. I will commit an offence if I subsequently make a disclosure of information that might identify or tend to identify anyone as a person in respect of whom this disclosure has been made under the <i>Public Interest Disclosure Act 2003</i> , except in accordance with section 16(3) of that Act. | | | | | | | | | | |
| Penalty: | \$24,000 | or imprisonment for two (2) years | | | | | | | | | |
| Signed | | | Date | 1 | 1 | | | | | | |
| For Office | - | : | | | | | | | | | |
| | | | | | | | | | | | |

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