Public interest disclosure lodgement form

This is an official lodgement form for a disclosure made under the Public Interest Disclosure Act 2003 (PID Act). A discloser 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

Family Name: ________________________________

Given Name: ________________________________ Gender (please circle): M / F

Title (please circle): __________________________ Date of Birth: __________________________

Mr, Ms, Mrs, Miss

Address: ___________________________________

Home Telephone No: __________________________ Work Telephone No: _______________________

Mobile: __________________________ Email address: __________________________

Disclosure details

Name of the Public Authority(ies) the disclosure relates to: __________________________________________

Do you work for a public authority? □ Yes □ No

If Yes, which public authority and what is your position title? _________________________________________

Does the disclosure relate to one or more individuals? □ Yes □ No

If yes, please provide names and positions held by person(s) in the public authority

Public interest disclosure lodgement form
Please tick box(es) on the area relevant to your 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 provided or names of witnesses:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you reported this information to any other person or agency?

- [ ] Yes
- [ ] No

If yes, please provide details

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
You should read the following information and sign at the end of this form

Acknowledgment

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:

I will commit an offence if I know that the information contained in this disclosure is false or misleading in a material particular, or am reckless as to whether it is false or misleading in a material particular.

Penalty: $12,000 or imprisonment for one (1) year

I will forfeit protection provided by the PID Act if I fail, without reasonable excuse, to assist a person investigating the matter by supplying requested information.

I will forfeit the protection provided by the PID Act if I subsequently disclose this information to any person other than a proper authority under the PID Act.

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 PID Act, except in accordance with section 16(3) of that Act.

Penalty: $24,000 or imprisonment for two (2) years

Signed: ________________________________________________________________

Date: ________________________________________________________________

For Office Use Only:

Register Number: ______________________________________________________