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| OFFICE USE ONLY  Register No: #  Date: / / |

Public interest disclosure lodgement form

*Public Interest Disclosure Act 2003*

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| [Insert name of public authority] strongly encourages anyone thinking about making a public interest disclosure to seek out a nominated proper authority to discuss their issues first. Our proper authority(ies) (Public Interest Disclosure (PID) Officer(s)) are: | |
| Position |  |
| Name of PID Officer |  |
| Contact details |  |
| Ensure you understand your rights and responsibilities under the *Public Interest Disclosure Act 2003* (PID Act) before you sign this lodgement form. You may wish to seek external legal advice about those rights and responsibilities. Lodge your public interest disclosure form with [insert name of public authority]’s proper authority (PID Officer), not the Public Sector Commission. | |

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| Personal details | | | | | | |
| Family name | |  | | | | |
| Given name | |  | | | | |
| Title | | Mr | Ms | Mrs | Dr | Other |
| Address | |  | | | | |
| Work phone | |  | | | | |
| Mobile | |  | | | | |
| Email | |  | | | | |
|  | I wish to make an anonymous public interest disclosure. I understand that:   * I will not receive any information about what happens to this disclosure * it may be more difficult for the proper authority to look into the matter(s) as they cannot come back to me for further information * it may be more difficult for the proper authority/public authority to protect me * this anonymous disclosure may not prevent me from being identified during any investigation or when action is being taken. | | | | | |

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| Categories of public interest information  Tick relevant box(es) | |
| Improper conduct |  |
| An offence under written State law |  |
| Substantial unauthorised or irregular use of, or substantial mismanagement of, public resources |  |
| Conduct involving a substantial and specific risk of injury to public health, or prejudice to public safety or harm to the environment |  |
| Administration matter(s) affecting you personally |  |

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| 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, provide name(s) and position(s) held by person(s) in the public authority |
| When did the alleged events occur? |  |
| Summary of the matters to disclose |  |

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| Additional information | |
| Description of any documents provided or names of witnesses |  |
| Have you reported this information to any other person or agency? | Yes  No |
| If yes, did you report this information as a Public Interest Disclosure matter? | Yes  No  If yes, please provide details |

You should read the following information and sign this form prior to lodgement.

## Acknowledgement

I believe on reasonable grounds that the information contained in this disclosure is or may be true.

I have been informed and I am aware that:

* I will commit an offence under section 24 of the PID Act, if I know that the information contained in this disclosure is false or misleading in a material particular, or I 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 the protection provided by section 13 of the PID Act, if I fail, without reasonable excuse, to assist a person investigating the matter by supplying requested information (s17).
* I will forfeit the protection provided by section 13 of the PID Act, if I subsequently disclose this information to any person other than a proper authority under the PID Act (s17).
* 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 the PID Act.   
  **Penalty: $24 000 or imprisonment for two (2) years.**
* I cannot withdraw my disclosure after I have made it.

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| Authorisation | |
| Discloser’s signature |  |
| Date |  |