Empowering a thriving community

OFFICE USE ONLY

WHEN BLANK, THIS FORM IS CLASSED AS OFFICIAL. WHEN FILLED OUT, THIS FORM IS CLASSED AS OFFICIAL SENSITIVE.

Public interest disclosure lodgement form

Public Interest Disclosure Act 2003

				Register	Number:	Date:		
						hinking 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								
Conta	ct details							
Ensure you understand your rights and responsibilities under the <i>Public Interest Disclosure Act 2003</i> (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 DoT's proper authority (PID Officer), not the Public Sector Commission.								
Perso	Personal details							
Family name								
Given name								
Title		☐ Mr	☐ Ms	☐ Mrs	☐ Dr	☐ Other		
Address								
Work phone								
Mobile								
Email								
	• 1	h 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						
	Cá	cannot come back to me for further information						
	• th	t may be more difficult for the proper authority/public authority to protect me his anonymous disclosure may not prevent me from being identified during any nvestigation or when action is being taken.						

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Categories of public interest information Tick relevant box(
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 p	ersonally			
Disclosure details				
Name of the public authority(ies) the disclosure relates to				
	☐ Yes ☐ No			
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 individuals?	☐ Yes ☐ No If yes, provide name(s) and position(s) held by person(s) in public authority	n the		
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.

Authorisation				
Discloser's signature				
Date				

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