

***Public Interest Disclosure Act 2003***

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 sought before any disclosure is made.

**1. DETAILS OF PERSON WHO IS MAKING THE DISCLOSURE**Title (Please Circle): **Dr Mr Mrs Ms Miss** Date of Birth: .....Name: .....  
Given Name(s) Family NameAddress: .....  
.....

Telephone Nos: Home ..... Work ..... Mobile .....

Email Address: .....

**2. 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, [lease provide names and positions held by the person/s in the Public Authority: .....  
.....  
.....

|  |   |                          |   |                          |
|--|---|--------------------------|---|--------------------------|
| <b>Please tick the box/es relevant to your disclosure:</b> | Improper conduct.                                 | <input type="checkbox"/> | Irregular or unauthorised use of public resources.  | <input type="checkbox"/> |
|  | An offence under State law, including corruption. | <input type="checkbox"/> | Substantial mismanagement of public resources.  | <input type="checkbox"/> |
|  | Administration matter(s) affecting you.           | <input type="checkbox"/> | Conduct involving a substantial and specific risk of injury to public health, prejudice to public safety, or health to the environment. | <input type="checkbox"/> |

## 2. DISCLOSURE DETAILS (Continued)

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, provide details:

.....  
.....  
.....  
.....  
.....

**DISCLOSURE DETAILS (Continued)**

**You should read the following information and sign at the bottom of this Form.**

**3. 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:

- 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:** .....  
*Discloser's Signature*

**Office Use Only**

**PID Number:** .....

**PID Officer:** .....  
*Name* *Position*