



## Public Interest Disclosure Lodgement form

*Public Interest Disclosure Act 2003*

The Department of the Registrar, Western Australian Industrial Relations Commission 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 the **Department of the Registrar, Western Australian Industrial Relations Commission's** proper authority (PID Officer), not the Public Sector Commission.

### Personal Details

Full 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.

## 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

## 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 \_\_\_\_\_

## Additional Information

Description of any documents provided or names of witnesses \_\_\_\_\_

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

Yes  No

Yes  No

If yes, did you report this information as a Public Interest Disclosure matter? \_\_\_\_\_

If Yes, 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)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_