

OFFICE USE ONLY Register No: # Date: / /

## **Public interest disclosure lodgement form**

### Public Interest Disclosure Act 2003

It is strongly encouraged that anyone thinking about making a public interest disclosure to seek out a nominated proper authority to discuss their issues first. Our proper authority (the Public Interest Disclosure (PID) Officer) is:

Position	Senior Legal Officer	
Name of PID Officer	Kristy Fisher	
Contact details	PID@oic.wa.gov.au	

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 OIC's PID Officer, not the Public Sector Commission.

Personal details					
Family name					
Given name					
Title		Mr Ms Mrs Dr Other			
Address					
Work phone					
Mobile					
Email					
	<ul> <li>I wish to make an anonymous public interest disclosure. I understand that: <ul> <li>I will not receive any information about what happens to this disclosure</li> <li>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</li> <li>it may be more difficult for the proper authority/public authority to protect me</li> <li>this anonymous disclosure may not prevent me from being identified during any investigation or when action is being taken.</li> </ul> </li> </ul>				



# Office of the **Information Commissioner**

Freedom of information for Western Australia

#### 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				
	Yes No			
Do you work for a public authority?	If yes, which public authority and what is your position title?			
	Yes No			
Does the disclosure relate to one or more individuals?	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			
If yes, did you report this information as a Public Interest Disclosure matter?	☐ Yes ☐ No If yes, please provide details			



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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				