

Annexure A

Public Interest Disclosures Act 2002

PUBLIC INTEREST DISCLOSURES LODGEMENT FORM

To¹:

Deputy Secretary **OR**
 Manager, Human Resources
 Department of Justice
 Trafalgar Building, 110 Collins St HOBART

OR

The Ombudsman
 99 Bathurst St Hobart 7000
 GPO Box 960 Hobart 7001

1. PERSONAL DETAILS

Family Name: _____

Given Name: _____ Title (please circle): Mr, Ms, Mrs, Miss

Address: _____

_____ Postcode _____

Home Telephone No: _____ Work Telephone No: _____

Mobile: _____ Email address: _____

2. DISCLOSURE DETAILS

Name of the Public Body the Disclosure Relates To: _____

Are you a public officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is your position title?	
Do you work for a public body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, which public body?	

¹ A disclosure may be made to either the relevant public body or the Ombudsman except a disclosure about:

- a police officer must be made to the Commissioner of Police;
- a councillor or the Commissioner of Police must be made to the Ombudsman;
- a member of parliament must be made to the Speaker or President as appropriate.

Are you or have you ever been a contractor with a public body	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, which public body and provide details and dates of the contract	

Does the disclosure relate to one or more individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide names and positions held by person(s) in the public body	

Please tick box(es) on the area relevant to your disclosure:

- | | |
|---|---|
| <input type="checkbox"/> Improper conduct | <input type="checkbox"/> Substantial mismanagement of public resources |
| <input type="checkbox"/> Corrupt conduct | <input type="checkbox"/> A substantial risk to public health or public safety |
| <input type="checkbox"/> Detrimental action in response to the making of a disclosure | <input type="checkbox"/> A substantial risk to the environment |

When did the alleged events occur? _____

Summary of disclosure: _____

(Attach additional pages if necessary)

Description of any documentation provided or names of witnesses: _____

Have you reported this information to any other person or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details	

YOU SHOULD READ THE FOLLOWING INFORMATION AND SIGN AT THE END OF THIS FORM

3. ACKNOWLEDGMENT

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

I am aware that:

1. I will commit an offence if I knowingly provide false information intending that it be acted on as a disclosed matter.

Penalty: \$24,000 or imprisonment for two (2) years or both

2. I will not be protected by the *Public Interest Disclosures Act 2002* if I subsequently disclose this information to any person other than in accordance with the Act.

Signed: _____

Date: _____

For Office Use Only:

Register Number: _____