

## Public Interest Disclosures Act 2002

### PUBLIC INTEREST DISCLOSURES (PID) LODGEMENT FORM

To<sup>1</sup>:

<input type="checkbox"/>	Head of Agency, Department of Infrastructure, Energy and Resources, GPO Box 936, Hobart 7001
<input type="checkbox"/>	PID Coordinator, Department of Infrastructure, Energy and Resources, GPO Box 936, Hobart 7001
<input type="checkbox"/>	The Ombudsman, 99 Bathurst St Hobart 7000, GPO Box 960 Hobart 7001

(PLEASE TICK APPROPRIATE BOX)

#### 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 Bod(ies)  
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?	
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	

<sup>1</sup> 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.

## PUBLIC INTEREST DISCLOSURES LODGEMENT FORM CONTINUED

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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PUBLIC INTEREST DISCLOSURES LODGEMENT FORM CONTINUED

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: \_\_\_\_\_

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#### For Office Use Only:

Register Number: \_\_\_\_\_