

Public Interest Disclosures Act 2002

PUBLIC INTEREST DISCLOSURES LODGEMENT FORM

To:¹

PID Coordinator
Dept of Treasury and Finance
GPO Box 147
Hobart TAS 7001

OR

The Ombudsman
99 Bathurst St Hobart 7000
GPO Box 960
Hobart TAS 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: _____

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.

PUBLIC INTEREST DISCLOSURES LODGEMENT FORM continued

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	
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? _____

**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: \$28 800 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: _____