

Public interest disclosure lodgement form

Public Interest Disclosure Act 2003

The City of Fremantle 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 City of Fremantle's proper authority (PID Officer), not the Public Sector Commission.

Personal details

Family name

Given 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		<input type="checkbox"/>
An offence under written State law		<input type="checkbox"/>
Substantial unauthorised or irregular use of, or substantial mismanagement of, public resources		<input type="checkbox"/>
Conduct involving a substantial and specific risk of injury to public health, or prejudice to public safety or harm to the environment		<input type="checkbox"/>
Administration matter(s) affecting you personally		<input type="checkbox"/>

Disclosure details	
Name of the public authority(ies) the disclosure relates to	
Do you work for a public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which public authority and what is your position title?
Does the disclosure relate to one or more individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you report this information as a Public Interest Disclosure matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please 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	
Date	