



Public Interest Disclosure Act 2003

PUBLIC INTEREST DISCLOSURE LODGEMENT FORM

This is an official lodgement form for a disclosure made under the Public Interest Disclosure Act 2003. An informant should ensure that they fully understand the rights and responsibilities required under this legislation before the form is completed and signed. Appropriate advice should be gained before any disclosure is made.

1. PERSONAL DETAILS

Family Name: _____

Given Name: _____ Gender (please circle): M / F _____

Title (please circle): Mr, Ms, Mrs, Miss _____ Date of Birth: _____

Address: _____

Home Telephone No: _____ Work Telephone No: _____

Mobile: _____ Email address: _____

2. DISCLOSURE DETAILS

Name of the Public Authority/Authorities 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, please provide names and positions held by person(s) in the public authority	

DEPARTMENT OF TREASURY

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PUBLIC INTEREST DISCLOSURE LODGEMENT FORM - CONTINUED

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

- Improper conduct
- Irregular or unauthorised use of public resources
- An offence under State law, including corruption
- Substantial unauthorised or irregular use of, or substantial mismanagement of public resources
- Administration matter(s) affecting you
- Conduct involving a substantial and specific risk of injury to public health, prejudice to public safety or harm to the environment

When did the alleged events occur? _____

Summary of disclosure: _____

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	

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**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 have been informed and am aware that:

1. I will commit an offence if I know that the information contained in this disclosure is false or misleading in a material particular, or am reckless as to whether it is false or misleading in a material particular.

Penalty: \$12,000 or imprisonment for one (1) year

2. I will forfeit protection provided by the *Public Interest Disclosure Act 2003* if I fail, without reasonable excuse, to assist a person investigating the matter by supplying requested information.
3. I will forfeit the protection provided by the *Public Interest Disclosure Act 2003* if I subsequently disclose this information to any person other than a proper authority under the Act.
4. 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 *Public Interest Disclosure Act 2003*, except in accordance with section 16(3) of that Act.

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

Signed: _____

Date: / / 200

For Office Use Only:

Register Number: _____