

Public Interest Disclosure (PID) lodgement form Public Interest Disclosure Act 2003

The Department of Training and Workforce Development strongly encourages anyone thinking about making a public interest disclosure to first seek out a nominated proper authority to discuss their issues. Contact details of Department PID Officers can be found on the Department's website at <u>dtwd.wa.gov.au/about-us.</u>

Ensure you understand your rights and responsibilities under the *Public Interest Disclosure Act 2003* (the 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 Department of Training and Workforce Development's proper authority (PID Officer).

Personal details						
Family name						
Given name						
Title		Mr	🗌 Ms	🗌 Mrs	🗌 Dr	Other
Address						
Work phone						
Mobile						
Email						
\boxtimes	 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; and 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	
An offence under written State law	
Substantial unauthorised or irregular use of, or substantial mismanagement of, public resources	
Conduct involving a substantial and specific risk of injury to public health, or prejudice to public safety or harm to the environment	
Administration matter(s) affecting you personally	

Disclosure details that relate to the Department of Training and Workforce Development		
Do you work for the Department of Training and Workforce Development?	Yes No If yes what is your position title?	
Does the disclosure relate to one or more individuals?	Yes 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?	🗌 Yes 🔲 No				
If yes, did you report this information as a Public Interest Disclosure matter?	Yes 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			