

## **Discloser**

## Public interest disclosure lodgement form

## Public Interest Disclosure Act 2003

City of Rockingham 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 (Public Interest Disclosure (PID) Officer(s)) are:

Jim Olynyk	Manager Governance and Councillor Support	(08) 9528 0322	jim.olynyk@rockingham.wa.gov.au
Sarah Ward	Senior Legal Officer	(08) 9527 0774	sarah.ward@rockingham.wa.gov.au
Peter Doherty	Director Legal Services and General Counsel	(08) 9527 0745	peter.doherty@rockingham.wa.gov.au

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 City of Rockingham'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		
<ul> <li>I wish to make an anonymous public interest disclosure. I understand that:         <ul> <li>I will not receive any information about what happens to this disclosure</li> <li>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</li> <li>it may be more difficult for the proper authority/public authority to protect me</li> <li>this anonymous disclosure may not prevent me from being identified during any investigation or when action is being taken.</li> </ul> </li> </ul>		



Categories of public interest information				
	Tick relevant box	(es)		
Improper conduct				
An offence under written State law				
Substantial unauthorised or irregular unauth	use of, or substantial mismanagement of, public			
Conduct involving a substantial and spublic safety or harm to the environment	pecific risk of injury to public health, or prejudice to ent			
Administration matter(s) affecting you	personally			
Disclosure details				
Name of the public authority(ies) the disclosure relates to				
	☐ Yes ☐ No			
Do you work for a public authority?	If yes, which public authority and what is your position tit	tle?		
Does the disclosure relate to one or more individuals?	Yes No  If yes, provide name(s) and position(s) held by person(s) the public authority	) in		
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		