Public Interest Disclosures Act 2002

PUBLIC INTEREST DISCLOSURES LODGEMENT FORM

To[1]:

PID Officer
Transend Networks Pty Ltd
PO Box 606 MOONAH 7009

or
The Ombudsman
99 Bathurst St HOBART 7000
GPO Box 960 HOBART 7001

or
The Integrity Commissioner
GPO Box 822 HOBART 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: _____

2. DISCLOSURE DETAILS

Name of the Public Body(ies) the Disclosure relates to:

_____

Are you a public officer?	☐ Yes ☐ No
If Yes, what is your position title?	

[1] A disclosure may be made to the relevant public body, the Integrity Commission 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

Do you work for a public body?	☐ Yes ☐ No
If Yes, which public body?	
Are you, or have you ever been, a contractor with a public body?	☐ Yes ☐ No
If Yes, which public body and provide details and dates of the contract.	
Does the disclosure relate to one or more individuals?	☐ Yes ☐ 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:

- ☐ Improper conduct
- ☐ Corrupt conduct
- ☐ Detrimental action in response to the making of a disclosure
- ☐ Substantial mismanagement of public resources
- ☐ A substantial risk to public health or public safety
- ☐ A substantial risk to the environment

When did the alleged events occur?_____

Summary of disclosure: _____

_____

_____

_____

_____

_____

_____

_____

_____

(Attach additional pages if necessary)

PUBLIC INTEREST DISCLOSURES LODGEMENT FORM CONTINUED

Description of any documentation provided or names of witnesses: _____

_____

_____

_____

_____

_____

Have you reported this information to any other person or agency?	☐ Yes ☐ No
If yes, please provide details.	

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: $31 200 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: _____