



Public Interest Disclosure Lodgement Form

The Shire of Ashburton strongly encourages anyone thinking about lodging a public interest disclosure to contact the Shire's Public Interest Disclosure Officer (PID Officer) prior to lodging:

Mr Darren Kennedy PO Box 567, Tom Price WA 6751 (08) 9188 4444 darren.kennedy@ashburton.wa.gov.au

It is also very important to understand your rights, responsibilities and obligations under the <u>PID Act</u> before you sign and submit this form. You may also wish to seek external legal advice about those rights, obligations and responsibilities.

A disclosure can be lodged by post, email or in person at any Shire Administration Office. All correspondence must be marked **Private and Confidential**.

If the disclosure you are considering is about another property authority, you can find the contact details of their respective PID Officer at: <u>Public Interest Disclosure Officer Contact Directory</u>.

Personal Details							
Family name							
Given name/s							
Title		Mr □	Ms □	Mrs □	Dr □	□ Other	
Address							
Work phone							
Mobile							
Email							
	I vdiitmit	o make an anonymous public interest disclosure. I understand that: will not receive any information about what happens to this sclosure. may be more difficult for the proper authority to look into the atter(s) as they cannot come back to me for further information. may be more difficult for the proper authority/public authority to otect me.					





• this anonymous disclosure may not prevent me from being identified during any investigation or when action is being taken.

Categories of Public Interest Inform	nation Tick relevant	box(es)		
Improper conduct				
An offence under written State law				
Substantial unauthorised or irregula of, public resources	r use of, or substantial mismanagement			
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				
Name of the public authority this disclosure relates to	Shire of Ashburton			
Do you work for a public authority?	☐ Yes ☐ No If yes, which public authority and what is position title?	s your		
Does the disclosure relate to one or more individuals?	☐ Yes ☐ No If yes, provide name(s) and position(s) held by person(s) at the Shire of Ashburton.			
When did the alleged event/s 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						
Office Use Only						
Date received	Synergy file reference					

