



Office of the Citizens' Representative
Province of Newfoundland & Labrador

Public Service Disclosure of Wrongdoing Form

PART 1: YOUR INFORMATION

1. Name of person making disclosure (please print).

2. (a) Name of department, agency or public body where you work.

(b) What is your position?

3. (a) Contact information (required).

Confidential mailing address with postal code.

Telephone number(s).

_____ Home: (____) _____

_____ Work: (____) _____

_____ Cell: (____) _____

Confidential e-mail address. _____

(b) I would prefer the Office of the Citizens' Representative to call me at.

Work: (____) _____ Home:(____) _____

PART 2: DISCLOSURE OF WRONGDOING

4. This allegation of wrongdoing under the *Public Interest Disclosure and Whistleblower Protection Act* relates to (check one or more which apply):

- (a) an act or omission constituting an offence under an Act of the House of Assembly or the Parliament of Canada, or a regulation made under an Act.
- (b) an act or omission that creates a substantial and specific danger to the life, health or safety of persons, or the environment, other than a danger that is inherent in the performance of the duties or functions of an employee.
- (c) gross mismanagement, including of public funds or a public asset.
- (d) that someone has knowingly directed or counselled a person to commit a wrongdoing described above.

5. If you checked 4(a), please specify which Act or Regulation and the section, if known.

6. (a) Date(s) when the wrongdoing was committed.

(b) Date(s) when you became aware that a wrongdoing had been committed.

7. Have you disclosed this information before? If so, when and to whom? What was the response you received, if any?

8. Person(s) alleged to be responsible for the wrongdoing:

Name: _____

Name: _____

Position: _____

Position: _____

Dept./Public Body: _____

Dept./Public Body: _____

Name: _____

Name: _____

Position: _____

Position: _____

Dept./Public Body: _____

Dept./Public Body: _____

9. Details of the wrongdoing or impending wrongdoing (attach additional pages if necessary).

10. To the best of your knowledge, are the facts at issue in this disclosure the subject of an action or proceeding before any other legal, administrative or public body?

11. If you answered yes to question 10, please advise which body and the current status or outcome of the action or proceeding.

PART 3: EXPECTATIONS AND/OR DESIRED OUTCOMES

12.

PART 4: INFORMATION ABOUT MAKING A DISCLOSURE

For more information about making a disclosure, please contact us at (709) 729-7647; toll free at 1-800-559-0079, or visit our website at www.citizensrep.nl.ca

PART 5: CONFIDENTIALITY

The Office of the Citizens' Representative cannot be compelled to disclose information collected under the *Public Interest Disclosure and Whistleblower Protection Act*. However, where the interests of fairness require, personal information may be disclosed on a need to know basis. Principles of fairness require, however, that substantive information about an allegation of wrongdoing be provided to the alleged wrongdoer, and that person should be able to respond adequately to the allegation(s) against him or her.

Further, disclosers should be aware that there may be some cases where the allegations will be so unique or distinct to a department or public body that the identity of the discloser will be evident from the facts presented. In such cases, despite exercising all necessary precautions to shield identity, we cannot guarantee a discloser's identity will remain confidential.

PART 6: WHERE TO SEND THIS FORM

Mail or drop off this form and any relevant documentation to:

Office of the Citizens' Representative
4th Floor, Beothuck Building
20 Crosbie Place
St. John's, NL A1B 3N7

PART 7: SIGNATURE

I wish to file a disclosure of wrongdoing in accordance with Section 8 of the *Public Interest Disclosure Act and Whistleblower Protection Act*.

Name

Date