**Public Interest Disclosure Lodgement Form**

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| The City of Karratha strongly encourages anyone thinking about making a public interest disclosure to seek out a nominated PID Officer to discuss their issues first. The PID Officers for the City of Karratha are: | | | |
| Position | Corporate Compliance Officer | Corporate Compliance Officer | Mgr Governance & Organisational Strategy |
| Name | Róisín Murphy | Miranda Geal | Henry Eaton |
| Contact | 08 9186 8675 | 08 9186 8683 | 08 9186 8631 |
| Ensure you understand your rights and responsibilities under the *Public Interest Disclosure Act 2003* (PID Act) before you sign this lodgement form. Lodge your completed public interest disclosure form with a City of Karratha PID Officer, not your Manager or Customer Service. | | | |

You must read the following information and sign prior to lodgement:

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| Acknowledgement and authorisation to proceed with investigation of PID | |
| 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 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 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 cannot withdraw my disclosure after I have made it. | |
| Discloser’s signature |  |
| Date |  |

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| Personal details (not required if making an anonymous disclosure) | | | | | | | | |
| Full name | |  | | | | | | |
| Title | | Mr | Ms | Mrs | | Dr | Other | |
| Address | |  | | | | | | |
| Postal address | |  | | | | | | |
| Work phone | |  | | | Mobile | | |  |
| Email | |  | | | | | | |
| OR if you wish to make an anonymous disclosure please tick the below check-box: | | | | | | | | |
|  | 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 * this anonymous disclosure may not prevent me from being identified during any investigation or when action is being taken. | | | | | | | |

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| 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 |  |

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| Disclosure details | |
| Name of the public authority(ies) the disclosure relates to |  |
| Do you work for a public authority?  If yes, which public authority and what is your position title? | Yes  No |
| Does the disclosure relate to one or more individuals?  If yes, provide name(s) and position(s) held by person(s) in the public authority | Yes  No |
| When did the alleged events occur? |  |
| Summary of the matters to disclose  (information may be provided on additional page(s) if necessary) |  |

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| Additional information | |
| Description of any documents provided or names of witnesses (information may be provided on additional pages(s) if necessary) |  |
| 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 |