**Public Interest Disclosure Lodgement Form**

|  |
| --- |
| 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:

|  |
| --- |
| 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 |       |

|  |
| --- |
| 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.
 |

|  |
| --- |
| 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 | [ ]  |

|  |
| --- |
| 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) |       |

|  |
| --- |
| 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 [ ]  NoIf yes, please provide details      |