



Public Interest Disclosure Lodgement Form

Position	Governance Officer – Compliance	Manager Governance & Organisational Strategy
Name	Josie Lanza	Henry Eaton
Contact	08 9186 8530	08 9186 8631

The City of Karratha strongly encourages anyone thinking about making a public interest disclosure to seek out a nominated proper authority, as listed above, to discuss their issues first.

Ensure you understand your rights and responsibilities under the *Public Interest Disclosure Act 2003* (PID Act) before you sign this lodgement form. You may wish to seek external legal advice about those rights and responsibilities. Lodge this form with your PID Officer, not the Public Sector Commission

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	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
Address					
Postal address					
Work phone		Mobile			
Email					

OR if you wish to make an anonymous disclosure please tick the below check-box:

<input type="checkbox"/>	<p>I wish to make an anonymous public interest disclosure. I understand that:</p> <ul style="list-style-type: none"> • 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	<input type="checkbox"/>
An offence under written State law	<input type="checkbox"/>
Substantial unauthorised or irregular use of, or substantial mismanagement of, public resources	<input type="checkbox"/>
Conduct involving a substantial and specific risk of injury to public health, or prejudice to public safety or harm to the environment	<input type="checkbox"/>
Administration matter(s) affecting you personally	<input type="checkbox"/>

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you report this information as a Public Interest Disclosure matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details