SHIRE OF LAKE GRACE



Public Interest Disclosure (PID) /Whistle Blowers Lodgment Form

(Public Interest Disclosure Act 2003)

The Shire of Lake Grace strongly encourages anyone thinking about making a public interest disclosure to seek out a nominated proper authority to discuss their issues first. Our proper authorities (PID Officers) are:				
Position	Chief Executive Officer			
Name of PID Officer	Mr. Alan George			
Contact details	9890-2500			
Email address	shire@lakegrace.wa.gov.au			
Position	Deputy Chief Executive Officer			
Name of PID Officer	Mr. Chris Paget			
Contact details	9890-2500			
Email address	shire@lakegrace.wa.gov.au			

Ensure you understand your rights and responsibilities under the *Public Interest Disclosure Act* 2003 (PID Act) before you sign this lodgment form. You may wish to seek external legal advice about those rights and responsibilities. Lodge your public interest disclosure form with the Shire of Lake Grace proper authorities (PID Officers), not the Public Sector Commission.

Perso	nal details					
Famil	y name					
Given name						
Title		☐ Mr	☐ Ms	☐ Mrs	☐ Dr	☐ Other
Address						
Work phone						
Mobile						
Email						
	 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. 					

You should read the following information and sign this form prior to lodgment.

Categories of public interest information					
	Tick relevant box	(es)			
Improper conduct					
An offence under written State law					
Substantial unauthorised or irregular unauth	use of, or substantial mismanagement of, public				
Conduct involving a substantial and sp public safety or harm to the environment	pecific risk of injury to public health, or prejudice to ent				
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?	☐ Yes ☐ No If yes, which public authority and what is your position tit	tle?			
Does the disclosure relate to one or more individuals?	☐ Yes ☐ No If yes, provide name(s) and position(s) held by person(s) the public authority) in			
When did the alleged events 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				

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				