Public interest disclosure lodgement form

*Public Interest Disclosure Act 2003*

**Appropriate advice should be gained before a public interest disclosure (PID) is made. A discloser should ensure that they understand their rights and responsibilities under the *Public Interest Disclosure Act 2003* prior to completing this lodgement form. Contact details for the Mental Health Commission’s PID officers are located at** [**www.mhc.wa.gov.au/publicinterestdisclosure**](file:///C%3A%5CUsers%5Che133507%5CDownloads%5Cwww.mhc.wa.gov.au%5Cpublicinterestdisclosure)**.**

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| Personal details |
| Family 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.
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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? | [ ]  Yes [ ]  NoIf yes, which public authority and what is your position title?      |
| Does the disclosure relate to one or more individuals? | [ ]  Yes [ ]  NoIf yes, provide name(s) and position(s) held by person(s) in the public authority      |
| When did the alleged events occur? |       |
| Summary of the matters to disclose(please include a separate page if you require more space) |  |

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| 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 [ ]  NoIf yes, please provide details      |

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

## 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.

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| Authorisation |
| Discloser’s signature |  |
| Date |       |