

## Public Interest Disclosure Act Form

The Public Interest Disclosure Act seeks to ‘facilitate the disclosure and investigation of serious matters in or relating to the public service, that are potentially unlawful, dangerous to the public or injurious to the public interest’ as well as to ensure the protection of the person making the disclosure.

### CONTACT INFORMATION

Name	
Street Address	
City, Province	
Postal Code	
Telephone/Fax	
Email	

1. What is your preferred method of communication? \_\_\_\_\_
2. Are you currently a member of the provincial civil service? \_\_\_\_\_
3. For which Department or Agency do you work? \_\_\_\_\_

### DISCLOSURE OF WRONGDOING

Under the Public Interest Disclosure Act wrongdoing is defined as:

- (a) an act or omission constituting an offence under an Act of the Legislature or the Parliament of Canada, or a regulation made under an Act;
- (b) an act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of an employee;
- (c) gross mismanagement, including of public funds or a public asset; and
- (d) knowingly directing or counselling a person to commit a wrongdoing described in paragraph (a) to (c).

4. Individual allegedly responsible for the wrongdoing \_\_\_\_\_

5. Wrongdoing alleged (choose from (a) to (d) above) \_\_\_\_\_

6. Individual's role with the organization \_\_\_\_\_

7. Dates/Location of the alleged wrongdoing \_\_\_\_\_

8. Summary of the alleged wrongdoing \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please attach a separate page or any documents you feel would be helpful)

9. Have you already made this disclosure to another party and did you receive a response (if so please attach response)?

\_\_\_\_\_

10. Have you taken any other steps to address the wrongdoing prior to making this disclosure? (i.e. complaint to your union, supervisor, Director of Human Resources, Human Rights Commission, other dispute resolution process) Please provide details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I make this disclosure in good faith and I declare that all information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **TO SUBMIT FORM OR RECEIVE MORE INFORMATION**

Should you wish to receive more information or if you have questions relating to this form, please contact our office at 1-506-453-2789 or 1-888-465-1100. Send completed form to Office of the Ombudsman, 548 York Street, P.O. Box 6000 Fredericton, NB E3B 5H1 Fax: 1-506-453-5599 Email: nbombud@gnb.ca.