## Public Interest Disclosure Lodgement Form



Public Interest Disclosure Act 2003

The Shire of Murray stro	ongly encourages	anyone thinking	about making	a public i	nterest	disclosure to
contact a Shire of Murray						

Name of PID Officer	Louise Pleasance	Tracie Unsworth
Position	Manager Governance	Director Corporate Services
Contact details	9531 7714 Louise.pleasance@murray.wa.gov.au	9531 7779 Tracie.unsworth@murray.wa.gov.au

Before lodging this form you should:

- believe on reasonable grounds that the information you have is, or may be, true (false or misleading disclosures attract a penalty); and
- understand your rights and responsibilities under the *Public Interest Disclosure Act 2003 (PID Act)*.

For the purpose of this form a Proper Authority means the Shire of Murray

Personal details					
Family name					
Given name					
Title	□ Mr	□ Mrs	□ Ms	□ Dr	☐ Other
Personal Address					
Work phone				Mobile	
Email					
<ul> <li>I wish to make an anonymous public interest disclosure. I understand that:</li> <li>I will not receive any information about what happens to this disclosure</li> <li>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</li> <li>it may be more difficult for the proper authority to protect me</li> <li>this anonymous disclosure may not prevent me from being identified during any investigation or when action is being taken.</li> </ul>					

Categories of public interest information		
	Tick relevant b	ox(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	Shire of Murray			
Do you work for the Shire of Murray (Public Authority)?	□ Yes □ No			
(i ubile Authority):	If yes, what is your position title?			
Does the disclosure relate to one or more individuals?	□ Yes □ No			
	If yes, provide name(s) and position(s) held by person(s) at the Shire of Murray			
When did the alleged events occur?				
Summary of the matters to disclose*:				
uisciose .				
*If you require more space, please add	d additional pages.			
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	☐ Yes ☐ No			
matter?	If yes, please provide details			

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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 am aware that:

- I will commit an offence under s.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 s.13 of the PID Act, if I fail, without reasonable excuse, to assist a person investigating the matter by supplying requested information (s.17).
- I will forfeit the protection provided by s.13 of the PID Act, if I subsequently disclose this information to any person other than a proper authority under the PID Act (s.17).
- 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 s.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:	
Discloser's Name:	
Date	