



LODGEMENT FORM

This is an official lodgement form for a disclosure made under the *Public Interest Disclosure Act 2003*. An informant should ensure that they fully understand the rights and responsibilities required under this legislation before the form is completed and signed. Appropriate advice should be gained before any disclosure is made.

1. PERSONAL DETAILS

Title (Hon/Dr/Mr/Mrs/Miss/Ms):

Surname:

Given Name(s):

Gender: Male Female

Address:

Postcode:

Telephone Home:

Work:

Mobile:

Email:

2. DISCLOSURE DETAILS

Name of the Public Authority/Authorities the Disclosure relates to:

Do you work for a public authority?

Yes No

If Yes, which public authority and what is your position title?

Does the disclosure relate to one or more individuals?

Yes No

If Yes, please provide names and positions held by person(s) in the public authority

Please tick box(es) on the area relevant to your disclosure:

Improper conduct

An offence under State law, including corruption

Administration matter(s) affecting you

Irregular or unauthorised use of public resources

Substantial unauthorised or irregular use of, or substantial mismanagement of public resources

Conduct involving a substantial and specific risk of injury to public health, prejudice to public safety or harm to the environment

When did the alleged events occur?

Summary of disclosure:

Description of any documentation provided or names of witnesses:

Have you reported this information to any other person or agency?

Yes No

If Yes, please provide details

YOU SHOULD READ THE FOLLOWING INFORMATION AND SIGN AT THE END OF THIS FORM

3. ACKNOWLEDGEMENT

I acknowledge that I believe on reasonable grounds that the information contained in this disclosure is or may be true.

I have been informed and am aware that:

1. I will commit an offence if I know that the information contained in this disclosure is false or misleading in a material particular, or am reckless as to whether it is false or misleading in a material particular.
2. Penalty: \$12,000 or imprisonment for one year 2. I will forfeit protection provided by the Public Interest Disclosure Act 2003 if I fail, without reasonable excuse, to assist a person investigating the matter by supplying requested information.
3. I will forfeit the protection provided by the Public Interest Disclosure Act 2003 if I subsequently disclose this information to any person other than a proper authority under the Act.
4. 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 Public Interest Disclosure Act 2003, except in accordance with section 16(3) of that Act.

Penalty: \$24,000 or imprisonment for two years

Signed:

Date:

OFFICE USE ONLY

Register Number:

For further information contact:

State Heritage Office
Bairds Building
491 Wellington Street Perth
PO Box 7479
Cloisters Square
PO WA 6850

T: (08) 6552 4000
FRECALL (regional): 1800 524 000
F: (08) 6552 4001
E: info@stateheritage.wa.gov.au
W: www.stateheritage.wa.gov.au