



DISCLOSURE OF WRONGDOING FORM

This form is to assist you in providing information about a disclosure of wrongdoing. Your responses will assist in reviewing the matter under the Public Interest Disclosure (Whistleblower Protection) Act. Please send this form directly to the Designated Officer.

Information that you provide in this Disclosure form will be protected and kept confidential to the fullest extent possible subject only to the provisions of the Public Interest Disclosure (Whistleblower Protection) Act, and principles of fairness and natural justice.

Date Stamp
Received
Office Use Only

General Contact Information

Name Title (Optional)

Mailing Address
City
Postal Code

Telephone
Work
Home
Cell/Other

E-mail (Optional)

Best Time to Contact Day Evening Weekend

How do you wish to receive communication in regards to the Disclosure?

I don't E-mail Telephone Mail

Name of Employer

Branch or Unit

Current Organization if other than Employer

Name of Designated Officer

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Information about the Disclosure of Wrongdoing

TYPE OF WRONGDOING

Which of the below applies to the Wrongdoing you are reporting?

- Contraventions of an Act or a Regulation of Alberta or Canada.
- An act or omission that creates a substantial and specific danger to the life, health or safety of individuals.
- An act or omission that creates a substantial and specific danger to the environment.
- Gross mismanagement of public funds or a public asset.
- Gross mismanagement of the delivery of a public service, including the management or performance of:
 - A contract or arrangement identified or described in the regulations, including the duties resulting from the contract or arrangement or any funds administered or provided under the contract or arrangement; and
 - The duties and powers resulting from an enactment identified or described in the regulations or any funds administered or provided as a result of the enactment.
- Gross mismanagement of employees, by a pattern of behaviour or conduct of a systemic nature that indicates a problem in the culture of the organization relating to bullying, harassment or intimidation.
- Knowingly directing or counselling an individual to commit a wrong doing mentioned above.

Please provide a description of the wrongdoing, including any applicable Acts or regulations. If necessary, please attach any available supporting documentation.

Please state the location where the wrongdoing took place or is about to take place

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Please identify the date(s) on which the wrongdoing occurred, and if it is ongoing.

Have you reported this alleged wrongdoing to your supervisor or to any other person at your place of employment?

Yes

No

If yes, please identify who you reported to. Please include relevant dates and describe any actions or decisions taken as a result. If necessary, attach any supporting documentation.

To the best of your knowledge, has a Disclosure already been made in respect of this wrongdoing?

Yes

No

If yes, has a response been received? By whom? Be sure to include supporting documentation as necessary.



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Please identify the person(s) alleged to have committed the wrongdoing or about to commit the wrongdoing.

Name Title (Optional)

Employer

Work Address

City

Postal Code

Telephone Work

E-mail (Optional)

Name Title (Optional)

Employer

Work Address

City

Postal Code

Telephone Work

E-mail (Optional)

Name Title (Optional)

Employer

Work Address

City

Postal Code

Telephone Work

E-mail (Optional)



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Do you wish to also make this Disclosure to the Commissioner?

Yes

No

If yes, do you consent to the Designated Officer forwarding this Disclosure to the Commissioner on your behalf?

Yes

No

*Is there any additional information pertaining to the alleged wrongdoing you wish to provide?
Please attach any supporting documentation as necessary.*

Declaration

I believe that all the information provided is true and accurate to the best of my knowledge.*

Signature

Current Date

* Knowingly making a false or misleading statement is an offence pursuant to the Act.

Please email this form to Whistleblower@gov.ab.ca or you can mail directly to:

Gene Williams, Designated Officer
Office of the Public Service Commissioner
Public Service Commission
6th Floor, Peace Hills Trust Tower
10011 – 109 Street
Edmonton, AB T5J 3S8

