

# WRONGDOING DISCLOSURE FORM

Public Interest Disclosure Act

#### **Instructions**

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.

Section 3 of the Act, defines a wrongdoing as:

- 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
- 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
- gross mismanagement, including of public funds or a public asset
- knowingly directing or counselling a person to commit a wrongdoing

Public service employees may make a wrongdoing disclosure to their supervisor, the designated officer in their organization, or to the Office of the Ombud.

If the Ombud receives a disclosure from an individual who is not an employee of the public service, the Ombud will forward the disclosure to the chief executive of the organization in question. If you have any concerns about this, please advise our office when filing your disclosure.

Should you wish to receive more information or if you have questions relating to this form, please contact our office at (506) 453-2789 or 1-888-465-1100 (toll free).

Please send your completed form and any supporting documentation to our office:

- by email: <u>ombud@ombudnb.ca</u>
- by fax: (506) 453-5599
- by regular mail: OMBUD NB, P.O. Box 6000, Fredericton, NB E3B 5H1



# **CONTACT INFORMATION**

Disclosures to the Ombud are confidential. We require your contact information so that we can get in touch with you and for statistical purposes.

Last Name:	First Name:	
Address:		
Telephone Number:	Alternate Number:	
Email:		
Language Preference: English Français Other – please specify:		
O English O Français O Other – please specify.		
Gender: Please note: You are not required to fill out this section. We only collect information on gender for		
statistical purposes.		
○ Male ○ Female ○ Another gender – please specify:		
How would you like us to refer to you in correspondence?		
○ he/him/his ○ she/her/hers ○ other pronouns – please specify:		
How best to reach you:		
Our office hours are Monday to Friday from 8:30 a.m. to 4:30 p.m. Please indicate the best method and		
time to contact you for information. Time Morning Afternoon		
Method O Phone O Alternate Phon	·	
If you are making this complaint on behalf of another individual, please attach a signed and dated authorization form		



## WRONGDOING DISCLOSURE DETAILS

Attach additional pages as required

Information on the organization and/or	<sup>,</sup> individual involved in	the alleged
wrongdoing		

Name of the public service organization(s) involved in your disclosure: (For example: Department, agency, Crown corporation, health authority, school district etc.)

Name and title of the individual(s) involved in your disclosure:

#### Information on the alleged wrongdoing

What kind of wrongdoing has occurred or may be occurring? *Select all that apply* 

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

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

gross mismanagement, including of public funds or a public asset

knowingly directing or counselling a person to commit a wrongdoing

Have you already made this disclosure to someone else, and did you receive a response?

If yes please attach any response you may have received

Yes 🔿 No



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

Date(s) and location(s) of the alleged wrongdoing:

Summary of the alleged wrongdoing:

## DECLARATION

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

WRONGDOING DISCLOSURE FORM (Last revised: April 2023)