

FORM "A"

SAFE DISCLOSURE OF INFORMATION Disclosure of Wrongdoing Form



Please include as much information as known. If additional space is required to complete any section, please attach to this page.

CONTACT INFORMATION

Name: _____ Position: _____
Community: _____ Territory/Province: _____
Postal Code: _____ Phone Number: _____
Email: _____
Preferred Time to Contact: Day _____ Evening _____ Weekend _____

MAKING A DISCLOSURE

Disclosure is being made to:

Supervisor [] Safe Disclosure Coordinator [] Deputy Head []

Please check the ground(s) under Safe Disclosure of Information for which you are filing a disclosure of wrongdoing. The matter is:

- An illegal action under territorial or federal legislation or regulation
- Gross mismanagement of public money or a public asset
- An action that creates substantial and specific danger to health, safety and/or the environment
- Knowingly counselling or directing someone to do any one of the above

Yes	No

Has this disclosure been made previously

Yes	No
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If yes, to who and what was the outcome of that disclosure?

DETAILS OF WRONGDOING

Please provide the details of the nature of the wrongdoing, include name(s), date(s), location(s), detailed description of the incident, witnesses to the incidents(s), etc., attaching any supporting document if possible. Use additional pages if required.

Certification and Authorization

I believe the information I have provided is true to the best of my knowledge*

Signature of individual disclosing the wrongdoing

Date (Day/Month/Year)

X	/ /
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*Knowingly making a false or misleading statement is a violation of the Safe Disclosure of Information Process