

# FORM "B"

## SAFE DISCLOSURE OF INFORMATION

### Complaint of Reprisal 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 \_\_\_\_\_

#### Information about your REPRISAL COMPLAINT

**Reprisal** means any of the following measures taken against an employee because the employee has, in good faith, sought advice about making a disclosure, made a disclosure, co-operated in an investigation under this Memorandum, or declined to participate in a wrongdoing:

- (a) dismissal, layoff, suspension, demotion or transfer, change of job location, reduction in wages, change in hours of work or reprimand;
- (b) any measure, other than one mentioned in paragraph (a), that adversely affects the employee's employment or working conditions;
- (c) a threat to take any of the measures referred to in any of paragraphs (a) or (b).

**Please identify the date (s) on which reprisal(s) was or were taken against you:**

**Please identify the date (s) on which you became aware of reprisal(s) if different from the date of the actual reprisal(s):**

## DETAILS OF REPRISAL

Please describe any measures taken against you that constitute reprisal (see definition of reprisal above): Please include relevant dates and names of persons alleged to be responsible for the reprisal(s). Attach any supporting documents if possible. Use additional pages if required.

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## DID you make a protected disclosure of wrongdoing or have you cooperated in an investigation?

YES

NO

Please provide details below including relevant dates and name of the person(s) to whom you made a protected disclosure. Attach supporting documentation or use a separate page if necessary

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## Is the subject-matter of this reprisal complaint currently being dealt with under another public policy, legislation or under the grievance procedures of the Collective Agreement?

YES

NO

Please provide details below. Attach Supporting documentation or use a separate page if necessary

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## Certification and Authorization

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

Signature of individual making the complaint of reprisal(s)      Date (Day/Month/Year)

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