

**Position** 

# Government of Western Australia Zoological Parks Authority

authority (Public Interest Disclosure (PID) Officer) is:

**Curator - Operations** 



OFFICE USE ONLY
Register No: #
Date: / /

## **Public interest disclosure lodgment form**

## Public Interest Disclosure Act 2003

The Zoological Parks Authority strongly encourages anyone thinking about making a public interest

disclosure to seek out a nominated proper authority to discuss their issues first. Our proper

Name of PID Officer		r John I	John Lemon				
Contact details			Work: 9474 0304 Mobile: 0418 934 975				
Ensure you understand your rights and responsibilities under the <i>Public Interest Disclosure Act</i> 2003 (PID Act) before you sign this lodgment form. You may wish to seek external legal advice about those rights and responsibilities. Lodge your public interest disclosure form with the Zoological Parks Authority's proper authority (PID Officer), not the Public Sector Commission.							
Personal details							
Family name							
Given name							
Title		☐ Mr	☐ Ms	☐ Mrs	☐ Dr	☐ Other	
Address							
Work phone							
Mobile							
Email							
	I wish to make an anonymous public interest disclosure. I understand that:  • I will not receive any information about what happens to this disclosure  • it may be more difficult for the proper authority to look into the matter(s) as they cannot come back to me for further information  • it may be more difficult for the proper authority/public authority to protect me  • this anonymous disclosure may not prevent me from being identified during any investigation or when action is being taken.						



Categories of public interest information						
	Tick relevant box	(es)				
Improper conduct						
An offence under written State law						
Substantial unauthorised or irregular use of, or substantial mismanagement of, public resources						
Conduct involving a substantial and specific risk of injury to public health, or prejudice to public safety or harm to the environment						
Administration matter(s) affecting you personally						
Disclosure details						
Name of the public authority(ies) the disclosure relates to						
Do you work for a public authority?	☐ Yes ☐ No  If yes, which public authority and what is your position till	tle?				
Does the disclosure relate to one or more individuals?	☐ Yes ☐ No  If yes, provide name(s) and position(s) held by person(s the public authority	) in				

When did the alleged events occur?

Summary of the matters to disclose



Additional information				
Description of any documents provided or names of witnesses				
Have you reported this information to any other person or agency?	☐ Yes ☐ No			
	☐ Yes ☐ No			
If yes, did you report this information as a Public Interest Disclosure matter?	If yes, please provide details			

You should read the following information and sign this form prior to lodgment.

#### **Acknowledgement**

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

I have been informed and I am aware that:

• I will commit an offence under section 24 of the PID Act, if I know that the information contained in this disclosure is false or misleading in a material particular, or I am reckless as to whether it is false or misleading in a material particular.

### Penalty: \$12 000 or imprisonment for one (1) year.

- I will forfeit the protection provided by section 13 of the PID Act, if I fail, without reasonable excuse, to assist a person investigating the matter by supplying requested information (s17).
- I will forfeit the protection provided by section 13 of the PID Act, if I subsequently
  disclose this information to any person other than a proper authority under the
  PID Act (s17).
- 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 PID Act, except in accordance with section 16(3) of the PID Act.

Penalty: \$24 000 or imprisonment for two (2) years.

• I cannot withdraw my disclosure after I have made it.

Authorisation			
Discloser's signature			
Date			