

PUBLIC INTEREST DISCLOSURE

The personal information on this form is collected under the authority of the *Public Interest Disclosure (Whistleblower Protection) Act*, the *Education Act* and the *Freedom of Information and Protection of Privacy Act*. The information will be disclosed only to those individuals who need the information to enable them to review and respond to your disclosure. If you have any questions about the collection of this information, please contact the designated officer as outlined in Administrative Procedure 172.

Disclosing Employee Information**Name:****Contact Information:****Date this disclosure is submitted to Designated Officer:** DD MM YYYY**Wrongdoing Information****Description of wrongdoing:****Name of the individual or individuals alleged to have committed the wrongdoing or about to commit the wrongdoing:****Date of the alleged wrongdoing:** DD MM YYYY