

To formally report an instance of Wrongdoing, please complete this form and submit, along with any supporting documentation, to:
disclosure@selkirk.ca

Public Interest Disclosure Form

This form is designed to assist you with providing information about how to disclose Wrongdoing under the Public Interest Disclosure Act to your supervisor or Selkirk College's Designated Officer in accordance with Selkirk College's Policy and Procedures.

If you are unable to include all details about the alleged Wrongdoing on this form, you may submit further details as a separate document. Please include it when you submit this form.

Your disclosure will be treated with the strictest confidence in accordance with Selkirk College's Policy and Procedures. Questions marked with an * are required. Disclosures under PIDA cannot be assessed without these completed fields.

*EMPLOYMENT STATUS

Are you a current or former employee within Selkirk College?

This form is for current and former employees within Selkirk College to assist them in making a disclosure under the Public Interest Disclosure Act.

☐ Current ☐ Former ☐ Director/Officer ☐ Contractor

*TYPE OF WRONGDOING

Please check all that apply.

The Wrongdoing I wish to disclose relates to:

- ☐ A serious act or omission that, if proven, would constitute an offence under an enactment of British Columbia or Canada.
- ☐ 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 an employee's duties or functions.
- ☐ A serious misuse of public funds or public assets.
- ☐ Gross or systemic mismanagement.
- ☐ Someone knowingly directing or counselling a person to commit one or more of the Wrongdoings described above.

If none of the above apply, please consider addressing the matter through other internal policies and procedures or contact your supervisor.

CONTACT INFORMATION

Your Name

First:

Last:

Address

Street address:

Unit number:

City:

Province:

Postal code:

Phone Numbers

Daytime phone number:

Other phone number:

Email:

May a message be left at your daytime phone number?

☐ Yes

☐ No

*DISCLOSURE DETAILS

In the space provided below, please provide as much information as you can about the alleged Wrongdoing and the person(s) alleged to have committed the Wrongdoing or about to commit the Wrongdoing. The following details are required, if known:

- Description of the Wrongdoing and any relevant background.
- The names of those responsible.
- When and where the Wrongdoing occurred or may be about to occur.
- Names of people who witnessed some or all of the Wrongdoing, if available.

Disclosure Details (If this space is not sufficient, please include additional documents. Retain copies of all your submissions. Note: you don't have to provide supporting materials.)

***STEPS ALREADY TAKEN**

Please describe any other steps or action you have taken to address, report, or prevent the reported Wrongdoing:

*Have you reported the Wrongdoing to your supervisor, Designated Officer, another excluded manager, or through another process? If YES, please provide details of who you reported to, when, their response, and contact information.

☐ Yes

☐ No

***KNOWLEDGE OF OTHER INVESTIGATIONS REGARDING THIS ISSUE**

*Are you aware if other bodies are investigating the alleged Wrongdoing (e.g. grievances through bargaining unit, privacy complaint, human rights complaint, the court system or under another law, Health Officer, the police)? If YES, please provide details of the other investigations.

☐ Yes

☐ No

☐ Unknown

***URGENCY**

Do you consider the matter urgent? If YES, please explain why. Be sure to review the definition of Urgent Risk in the Public Interest Disclosures Procedures document.

☐ Yes

☐ No

***EVIDENCE AND SUPPORTING DOCUMENTS**

Please briefly describe any evidence or supporting documents attached to this disclosure. You are not required to submit evidence or supporting documents if you do not have it or do not wish to.

***DECLARATION**

☐ I have provided this information in good faith and on the reasonable belief that it could show a Wrongdoing has occurred or is about to occur.

Date: _____