



DISCLOSURE OF WRONGDOING FORM

This Disclosure of Wrongdoing Form is designed to assist you with providing information about a disclosure of wrongdoing to your supervisor, designated officer (Manager of Human Resources), or Manitoba Ombudsman. The information provided on this form will help to facilitate review of the matter under The Public Interest Disclosure (Whistleblower Protection) Act.

Please submit this form and any other supporting documents to your supervisor, designated officer or Manitoba Ombudsman. If you are unable to include all details about the alleged wrongdoing on this form, you may submit further details as a separate document, however please include it when you submit this form.

TYPE OF WRONGDOING

Please check all that apply*

The wrongdoing I wish to disclose relates to:

- an act or omission constituting an offence under an Act of the Legislature or the Parliament of Canada, or a regulation made under an Act
- an act or omission that creates a substantial and specific danger to life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of an employee
- gross mismanagement, including of public funds or a public asset
- knowingly directing or counselling a person to commit one or more of the wrongdoings described above

*If none of the above apply, The Public Interest Disclosure (Whistleblower Protection) Act may not apply. Please consider addressing the matter through other internal policies and procedures, or contact your designated officer or the Manitoba Ombudsman for guidance.

GENERAL CONTACT INFORMATION

Please enter your contact information below.

Completing the information below will assist in the investigation of the alleged wrongdoing. While anonymous disclosures may be accepted, they also may be more difficult to investigate or substantiate. By providing your identity it will be protected to the fullest extent possible and reprisal protection for reporting in good faith will apply.

Last Name

First Name

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Address (street, apartment #, city, postal code)

Daytime Phone Number

Other Phone Number

Email Address

May a message be left at your daytime telephone number?

YES

NO

DISCLOSURE DETAILS

In the space provided below, please provide information about the wrongdoing and the person(s) alleged to have committed the wrongdoing. The following details are required, if known:

- o a description of the wrongdoing
- o the names of those responsible
- o when the wrongdoing occurred
- o indication whether the matter has already been reported and the response received