

Public Interest Disclosure Act - Disclosure of Wrongdoing Form

Contact Information

First name:	Last name:
Preferred name:	Telephone number:
Email:	
Address where we may contact you:	
How would you like to be contacted: <input type="checkbox"/> Email <input type="checkbox"/> By phone	Preferred contact time: <input type="checkbox"/> AM <input type="checkbox"/> PM
May we leave a voice message: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Important: Reports under the Public Interest Disclosure Act may be made anonymously, but we may not be able to investigate without obtaining more information from you.</i>	

Employment Information

- I am a current employee of Fraser Health
- I worked for Fraser Health from _____ to _____

Description of the wrongdoing

The *Public Interest Disclosure Act* applies to the following kinds of wrongdoing:

- a serious act or failure to act that, if proven, would constitute an offence under an enactment of British Columbia or Canada
- an act or failure to act 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
- knowingly directing or counselling a person to commit a wrongdoing described above

Please describe your concerns, keeping in mind how wrongdoing is defined, above. Explain how you learned about the wrongdoing and provide as much detail about the specific allegations as possible, including:

- Where the wrongdoing happened or is likely to happen
- Who committed or is about to commit wrongdoing (name, title and contact information)
- When the wrongdoing occurred or is expected to occur
- Please identify any applicable laws, Acts, Regulations or policies that may apply in relation to the wrongdoing.

Description of the wrongdoing

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Have you already reported the wrongdoing to anyone in the organization or to an external party?
Please provide details of **who** you reported to, **when**, and **their response**.

Do you know of any other organization that is addressing these allegations? Please provide details.

Do you consider the matter urgent? If so, please explain why.

Evidence

Please attach any documents, records, correspondence, recordings or other evidence that you have in your possession that support the allegations of wrongdoing.

Declaration

I have provided this information in good faith and on the reasonable belief that it could show a wrongdoing has been or is about to be committed.

Please send the completed form to your Supervisor or the Designated Officer.

- Email: pida@fraserhealth.ca
- Phone: 604-930-5406 extension: 768451

For additional information, refer to the [Public Interest Disclosure Act - Corporate Policy](#).