## PIDA Disclosure Form

Use this form to determine if a disclosure can be made, and to make a disclosure to the Designated Officer of the Canadian Rockies Public Schools. If you are unsure about any section of this form please call the Secretary-Treasurer of Canadian Rockies Public Schools at 1-403-609-6072.

Does this apply to you?

TIME REQUIREMENTS
Did the wrongdoing occur after June 1, 2013?
O YES O NO
Has more than 2 years passed since the wrongdoing occurred?
O YES O NO
TYPE OF WRONGDOING
To which of the categories below does the Wrongdoing apply?
Contravention of an Act or a Regulation (Contravention of a Law)
An act or omission that creates a substantial and specific danger to the life, health or safety of individuals
☐ An act or omission that creates a substantial and specific danger to the environment
Gross mismanagement of public funds or a public asset
Counseling an individual to commit a wrongdoing mentioned above
*If none of the above, the Public Interest Disclosure Act does not apply. Consider internal resolution
mechanisms.

To proceed with making a Disclosure of wrongdoing to the Designated Officer of Canadian Rockies Public Schools, please complete the form below:

## **DISCLOSURE OF WRONGDOING FORM**

Name		
Mailing Address		
City Pro	vince	Postal Code
Preferred Telephone (area code + #)		
	O Work	O Home O Cell
Alternate Telephone (area code +#)		
	O Work	O Home O Cell
E-mail		
How do you prefer to receive communication in regard	ds to the Disclosure?	
O Phone O E-mail O Mail		
Name of Employer		
Branch/Unit/Department (if applicable)	_	
Name of Designated Officer (if known)	_	

Please provide as much information as possible about the person(s) or organization alleged to have committed the wrongdoing or about to commit the wrongdoing, or where the wrongdoing occurred or is about to occur:				
Name	Tit	le		
Organization				
Organization Address				
City	Province	Postal Code		
Work Telephone	E-mail			
Please provide a description of the w wrongdoings occurred, and all partie		ails, dates and locations the		
<b>Declaration</b> I believe that all the information prov	ided is true to the best of my knowle	edge		
*All information is to be kept confider	ntial.			
Signature	Curre	ent Date		
*Knowingly making a false or mislead	ding statement is an offence pursua	nt to the Act.		
Please send the completed form in a Secretary-Treasurer Canadian Rockies Public Schools 618-7th Ave, Canmore, AB, T1W 2H Phone: (403) 609-6072				

Fax: (403) 609-6071