

# Shire of Cocos (Keeling) Islands

## Public Interest Disclosure Lodgement Form

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### Before You Lodge a Disclosure

The Shire of Cocos (Keeling) Islands encourages anyone considering a public interest disclosure to first contact the Shire's designated Public Interest Disclosure (PID) Officer for advice:

Mr Ibrahim Macrae

Manager Governance, Risk and Planning

Phone: (08) 9162 6649

Email: [ibrahim.macrae@cocos.wa.gov.au](mailto:ibrahim.macrae@cocos.wa.gov.au)

Office: 256 Jalan Melati, Home Island, Cocos (Keeling) Islands, INDIAN OCEAN 6799

Mail: PO Box 1094, Home Island, Cocos (Keeling) Islands, INDIAN OCEAN 6799

You are also encouraged to read the Shire's PID Procedure and to consider seeking independent legal advice about your rights and responsibilities under the *Public Interest Disclosure Act 2003 (WA)* before submitting this form.

Disclosures may be submitted:

- In person at the Shire Administration Office
- By email to the PID Officer
- By post, marked Private and Confidential

### Personal Details

Field	Response
Family name	
Given name/s	
Title (Mr/Ms/Mrs/Dr/Other)	
Address	
Work phone	
Mobile	
Email	

☐ I wish to make an anonymous disclosure. I understand:

- I will not receive updates about this matter.
- The Shire may not be able to seek further information from me.
- It may be harder to protect me from detrimental action.
- My identity may still be inferred during an investigation.

## Categories of Public Interest Information

Tick all that apply:

- ☐ Improper conduct
- ☐ An offence under written State law
- ☐ Substantial unauthorised or irregular use or mismanagement of public resources
- ☐ Substantial and specific risk to public health, safety, or the environment
- ☐ Administrative matter(s) affecting you personally

## Disclosure Details

Question	Response
Name of the public authority this disclosure relates to	Shire of Cocos (Keeling) Islands
Do you work for a public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which authority and what is your position title?	
Does the disclosure relate to individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide names and positions (if known)	
When did the alleged event(s) occur?	
Summary of the matters you wish to disclose	(attach additional pages if needed)

## Additional Information

Question	Response
List any supporting documents or witnesses (attach as needed)	
Have you reported this matter to another person or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was it made as a PID?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details	

## Acknowledgement

By signing below, I confirm that:

- I believe on reasonable grounds the information disclosed is or may be true.
- I understand it is an offence to knowingly or recklessly make a false or misleading disclosure under section 24 of the PID Act. Penalty: \$12,000 or 12 months imprisonment.
- I understand I must not disclose information about this matter to anyone other than a proper authority under the PID Act.
- I understand I may forfeit protection under the PID Act if I fail to assist with any investigation or disclose information to an unauthorised party.
- I understand I cannot withdraw this disclosure once made.
- I understand it is an offence to reveal the identity of any person named in this disclosure. Penalty: \$24,000 or 2 years imprisonment (section 16(3)).

Signature of discloser: \_\_\_\_\_

Date: \_\_\_\_\_

## Office Use Only

Date received: \_\_\_\_\_

PID Officer receiving disclosure: \_\_\_\_\_

Synergy file reference: \_\_\_\_\_