



## DISCLOSURE OF WRONGDOING FORM

*This form is to assist you in providing information about a disclosure of wrongdoing. Your responses will assist in reviewing the matter under the Whistleblower Policy. Please send this form directly to the Board Chair of Summit West Independent School.*

*Information that you provide in this Disclosure form will be protected and kept confidential to the fullest extent possible subject only to the provisions of the Public Interest Disclosure (Whistleblower Protection) Act, and principles of fairness and natural justice.*

### General Contact Information

Name

Title (Optional)

Mailing Address

City  
Postal Code

Telephone

Work  
Home  
Cell/Other

E-mail (Optional)

Best Time to Contact

Day

Evening

Weekend

How do you wish to receive communication in regards to the Disclosure?

I don't

E-mail

Telephone

Mail

Name of  
Employer

Branch or  
Unit

Current Organization if other  
than Employer

## DISCLOSURE OF WRONGDOING FORM

Name of Individual in Question

### *Information about the Disclosure of Wrongdoing*

#### **TYPE OF WRONGDOING**

Which of the below applies to the Wrongdoing you are reporting?

Contraventions of an Act or a Regulation of Alberta or Canada.

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.

Gross mismanagement of the delivery of a public service, including the management or performance of:

- A contract or arrangement identified or described in the regulations, including the duties resulting from the contract or arrangement or any funds administered or provided under the contract or arrangement; and
- The duties and powers resulting from an enactment identified or described in the regulations or any funds administered or provided as a result of the enactment.

Gross mismanagement of employees, by a pattern of behaviour or conduct of a systemic nature that indicates a problem in the culture of the organization relating to bullying, harassment or intimidation.

Knowingly directing or counselling an individual to commit a wrong doing mentioned above.

Please provide a description of the wrongdoing, including any applicable Acts or regulations. If necessary, please attach any available supporting documentation.

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Please state the location where the wrongdoing took place or is about to take place.

Please identify the date(s) on which the wrongdoing occurred, and if it is ongoing.

***Have you reported this alleged wrongdoing to your supervisor or to any other person at your place of employment?***

Yes      No

If yes, please identify the person who received the report. Please include relevant dates and describe any actions or decisions taken as a result. If necessary, attach any supporting documentation.

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*To the best of your knowledge, has a Disclosure already been made in respect of this wrongdoing?*

Yes      No

If yes, has a response been received? By whom? Be sure to include supporting documentation as necessary.

*Please identify the person(s) alleged to have committed the wrongdoing or about to commit the wrongdoing.*

Name  Title (Optional)

Employer

Work Address   
City  
Postal Code

Telephone      Work

E-mail (Optional)

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Name  Title (Optional)

Employer

Work Address   
City   
Postal Code

Telephone Work

E-mail (Optional)

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*Is there any additional information pertaining to the alleged wrongdoing you wish to provide?  
Please attach any supporting documentation as necessary.*

### **Declaration**

I believe that all the information provided is true and accurate to the best of my knowledge.\*

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Signature

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Current Date

\* Knowingly making a false or misleading statement is an offence pursuant to the Act.

Email this form to [boardchair@summitwestschool.ca](mailto:boardchair@summitwestschool.ca) or you can mail directly to:

Board Chair  
Summit West Independent School  
1 McRae Street  
Okotoks, AB  
T1S 1J5