

Public Interest Disclosure Form

This form is designed to assist you with providing information about how to disclose Wrongdoing under the Public Interest Disclosure Act to your supervisor or University of the Fraser Valley's ("UFV") Designated Officer to review and investigate complaints in accordance with UFV"s Policy and Procedures.

If you are unable to include all details about the alleged Wrongdoing on this form, you may submit further details as a separate document. Please include it when you submit this form.

Your disclosure will be treated with the strictest confidence in accordance with UFV's Policies and Procedures. Questions marked with an * are required. Disclosures under PIDA cannot be assessed without these completed fields.

Employment Status*

Are you a current or former UFV employee?

This form is for current and former UFV employees to assist them in making a disclosure under the Public Interest Disclosure Act.

Current Former Director/Officer Contractor

Type of Wrongdoing*

The Wrongdoing I wish to disclose relates to*: (Please check all that apply)

A serious act or omission that, if proven, would constitute an offence under an enactment of British Columbia or Canada.

An act or omission 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.

Someone knowingly directing or counselling a person to commit one or more of the Wrongdoings described above.

If none of the above apply, please consider addressing the matter through other internal policies and procedures or contact your supervisor.

Contact Information					
First name:		Last name:			
Address:					
City:	Province:		Postal Code:		
Daytime Phone:	one:		Other Phone:		
Email:					
May a message be left at your daytim	e phone numb	oer?	Yes	No	
Disclosure Details*					
 Description of the Wrongdoing The names of those responsib When and where the Wrongdoing Names of people who witness Disclosure Details:	le oing occurred	or may be a	bout to occur		

If this space is not sufficient, please include additional documents. Retain copies of all your submissions. Note: you don't have to provide supporting materials.

Steps Already Taken*

This section helps us understand what steps have already been taken to prevent the alleged Wrongdoing.

Have you reported the Wrongdoing to your supervisor, designated officer, another excluded manager, or through another process? *

Yes No

Are you aware if other bodies are investigating the alleged Wrongdoing (e.g. grievances through bargaining unit, the court system, or under another law, health officer, the police)? *

Yes No Unknown