

REPRISAL COMPLAINT FORM

PUBLIC INTEREST DISCLOSURE ACT

The Public Interest Disclosure Act *empowers the Ombudsperson to investigate reprisal complaints from employees or former employees of ministries and offices of the legislature.*¹

The information you provide in this form will be used to assess whether your complaint will be investigated. Please provide as much detail as possible. If you have questions about completing the form, please contact our office.

CONTACT INFORMATION

Name:

Address:

Telephone number:

Email:

How would you like to be contacted?

Preferred contact time?

May we leave a voice message?

¹ Offices of the legislature include the offices of the Auditor General, Chief Electoral Officer, Information and Privacy Commissioner, Merit Commissioner, Police Complaint Commissioner, Representative for Children and Youth, Human Rights Commissioner, and the Registrar appointed under the *Lobbyists Registration Act*.

EMPLOYMENT INFORMATION

1. Are you a current or former employee of a ministry or office of the legislature? If so, which one?

2. When did you work there?

I work there now

I worked there from _____ to _____

DESCRIPTION OF THE REPRISAL

3. Was the reprisal related to

- seeking advice about the *Public Interest Disclosure Act*
- making a report of wrongdoing under the *Public Interest Disclosure Act*
- cooperating with an investigation under the *Public Interest Disclosure Act*

Please provide details about the above activity.

a) **Who** did you communicate with?

b) **What** did you speak about?

c) **When** did you communicate?

d) **How** did you communicate?

What measure(s) of reprisal were taken against you? Please **CHECK** one or more of the following

- a disciplinary measure
- a demotion
- a termination of employment
- another measure which adversely affects your employment or working conditions
- a threat to take any of the measures listed above

5. Please provide us with the following details:

a. *Describe how your employment or working conditions were negatively impacted.*

b. *Where did the reprisal(s) occur? (Organization and location)*

c. *Who took the measure(s) of reprisal against you? Please provide their name(s) and title(s).*

d. *When did the reprisal measure(s) take place? If more than one incident of reprisal has occurred, please indicate the date the incidents began and their frequency or duration.*

e. *What information do you have which supports that you suffered adverse consequences at work **BECAUSE** you sought advice, made a report of wrongdoing, or cooperated with an investigation?*

6. Have you reported the reprisal to anyone else, such as your employer or your union?

If you have already reported it, **please describe:**

- **when** you reported the reprisal
- **who** you reported the reprisal to
- **the response** you received and any ongoing proceedings

EVIDENCE

Please attach any documents, records, correspondence, recordings or other evidence that you have in your possession related to the reprisal complaint and any previous reports of the allegation you have made.

DECLARATION

All of the information I have provided is true and accurate to the best of my knowledge.