

## DISCLOSURE OF WRONGDOING FORM

This Disclosure of Wrongdoing Form is to assist you in providing information about a disclosure of wrongdoing to the Manitoba Ombudsman. Your responses will assist in reviewing the matter under *The Public Interest Disclosure (Whistleblower Protection) Act*. Send the completed form to the Manitoba Ombudsman.

Manitoba Ombudsman  
750 – 500 Portage Avenue  
Winnipeg, Manitoba R3C 3X1

Phone: (204) 982-9130 Toll free: 1-800-665-0531  
Fax: (204) 942-7803  
Web site: [www.ombudsman.mb.ca](http://www.ombudsman.mb.ca)

### YOUR INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

May a message be left at your daytime telephone number?  Yes  No

### DISCLOSURE OF WRONGDOING TO THE MANITOBA OMBUDSMAN

(If you need more space for your responses, attach a letter explaining the wrongdoing.)

1. Description of the wrongdoing:

2. Name of the person or persons alleged to have committed or about to commit the wrongdoing (provide department and position information):

3. Date of wrongdoing:

4. Has the wrongdoing already been disclosed? If yes, to whom? Has a response been received? If yes, please attach a copy.

5. Additional Comments:

Signature: \_\_\_\_\_

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