

COMPLAINT OF REPRISAL FORM



This Complaint of Reprisal Form is designed to assist you with providing information to Manitoba Ombudsman about reprisal being taken against you for seeking advice about making a disclosure, making a disclosure or co-operating in an investigation under the **Public Interest Disclosure (Whistleblower Protection) Act (PIDA)**. The information provided on this form will help facilitate review of the matter under PIDA.

If you are unable to include all details about the reprisal on this form, you may submit further details as a separate document, however please attach the document when you submit this form. If you have questions, please contact us at 1-800-665-0531 (Manitoba toll-free).

Please submit this form and any other supporting documents by mail, fax or email to Manitoba Ombudsman:

Mail: 300-5 Donald Street, Winnipeg, Manitoba R3L 2T4
Fax: 204-942-7803 Email: ombudsman@ombudsman.mb.ca

I believe that reprisal was taken against me because I have, in good faith:

- sought advice about making a disclosure from my supervisor, designated officer or chief executive, or Manitoba Ombudsman
- made a disclosure of wrongdoing to my supervisor, designated officer/chief executive or Manitoba Ombudsman
- co-operated in an investigation under PIDA

*If none of the above apply, the reprisal protections under PIDA may not apply. Please consider addressing the matter through other internal policies and procedures, or contact our office for guidance.

CONTACT INFORMATION

Please enter your contact information below.

Name: _____

Address (apartment #, street, city, postal code): _____

Daytime phone: _____ Other phone: _____

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

Email address: _____

REPRISAL DETAILS

I believe the following measure(s) have been taken against me because I have, in good faith, sought advice about making a disclosure, made a disclosure or co-operated in an investigation under PIDA:

- a disciplinary action
- a demotion
- termination of employment
- a measure that adversely affects my employment or working conditions
- a threat to take any of the above measures

In the space below, please provide details about the reprisal as well as the person(s) alleged to have committed the reprisal. The following details are required, if known:

- the date(s) on which you sought advice about making a disclosure, made a disclosure or co-operated in a PIDA investigation
- the person you sought advice from, made a disclosure to, or who obtained your cooperation in an investigation, including their name and position
- a description and timeline of the reprisal
- the names and positions of those responsible for the reprisal

Attach additional pages if needed.

Signature: _____ Date: _____