



**Manitoba  
Ombudsman**

## **DISCLOSURE OF WRONGDOING FORM**

This Disclosure of Wrongdoing Form is designed to assist you with providing information to Manitoba Ombudsman about a disclosure of wrongdoing in or relating to the public service. The information provided on this form will help facilitate review of the matter under the **Public Interest Disclosure (Whistleblower Protection) Act**.

If you are unable to include all details about the alleged wrongdoing 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: 750-500 Portage Avenue, Winnipeg, MB R3C 3X1

Fax: 204-942-7803 Email: [ombudsman@ombudsman.mb.ca](mailto:ombudsman@ombudsman.mb.ca)

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### **TYPE OF WRONGDOING**

The wrongdoing I wish to disclose relates to: (please check all that apply\*)

- an act or omission constituting an offence under an act of the legislature or the Parliament of Canada, or a regulation made under an act
- an act or omission that creates a substantial and specific danger to life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of an employee
- gross mismanagement, including of public funds or a public asset
- knowingly directing or counselling a person to commit one or more of the wrongdoings described above

\*If none of the above apply, the Public Interest Disclosure (Whistleblower Protection) Act may not apply. Please consider addressing the matter through other internal policies and procedures, or contact your designated officer or our office for guidance.

### **CONTACT INFORMATION**

Please enter your contact information below. Completing the information below will assist in the investigation of the alleged wrongdoing. While anonymous disclosures may be accepted, they also may be more difficult to investigate or substantiate. Your identity will be protected to the fullest extent possible and reprisal protection for reporting in good faith will apply.

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: \_\_\_\_\_

### **DISCLOSURE DETAILS**

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

- a description of the wrongdoing
- the names of those responsible
- when the wrongdoing occurred
- indication whether the matter has already been reported and the response received

Attach additional pages if needed.

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