

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

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: _____