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Building *Nunavut* Together  
*Nunavut* iuqatigiingniq  
Bâtir le *Nunavut* ensemble

## APPENDIX A DISCLOSURE OF WRONGDOING

Information reporting form, pursuant to Part 6 of the *Public Service Act*

### Your Contact Information

Name:

Job Title:

Department:

Current organization (if other than Government of Nunavut (GN)):

Language in which you prefer to be contacted:

Address where you would like to be contacted:

Telephone number(s) at which you would like to be contacted:

Email address:

Are you represented by someone (e.g. legal counsel, union representative or other)?

NO

YES

Please provide name, title and contact information for your representative, if applicable:

Do you want to be contacted directly or through your representative?

Contact only me directly

Contact me through my representative only

Send correspondence to me AND to my representative

**Information about the wrongdoing:** Provide as much information as you can, so that the matter can be fully investigated. If you require more space, please attach as an appendix.

Please describe what you consider to be wrongdoing:  
What happened?

Where did it happen? (In which community? What office or agency?):

When did it happen? Is it ongoing?

Who do you believe to be responsible for the wrongdoing?

Name:

Department and Position (if known):

Telephone number(s) (if known):

Email (if known):

Name:

Department and Position (if known):

Telephone number(s) (if known):

Email (if known):

Do you have or know of any documents (for example, correspondence or emails) that indicate the wrongdoing? Please describe the documents, or provide copies if available.

Have you reported this wrongdoing to a supervisor or to any other person within the GN?

NO  
YES

If yes, to whom did you make the report, and when? If you made the report in writing, or have other relevant documents, please provide copies, if available:

Have you reported this wrongdoing to anyone outside of the GN?

NO  
YES

If yes, to whom did you make the report, and when? If you made the report in writing, or have other relevant documents, please provide copies, if available:

Do you know of any action taken in relation to the matter of this disclosure?

NO  
YES

If yes, please provide any additional information you can.

### **Declaration**

I make this disclosure in good faith and I declare that all of the information provided is true and accurate to the best of my knowledge.

Signature of person completing this form \_\_\_\_\_ Date \_\_\_\_\_

Name and title, if you are filling in the form for someone else.

If there are attachments to this disclosure form, please list or describe the attachments:

### **What happens next?**

*You can submit the completed disclosure form, or it can be submitted on your behalf, to any or all of the following:*

- *Your senior manager or deputy head (who must disclose it to the Deputy Minister of Finance, as the DM responsible for administration of the Public Service);*
- *The Deputy Minister of Finance, as the DM responsible for the Public Service, who will notify the Ethics Officer; or*
- *The Deputy Minister of any other department, who will notify the Ethics Officer.*

*After the information is submitted to any of the above persons,*

- *Within **two (2) days** an investigator will be appointed to collect further information as required;*
- *Within **14 days** the investigator will make a preliminary report; and*
- *Within **30 days** you will be notified of what actions have or will be taken with respect to the matter disclosed.*

*After the 30 days, if you are not satisfied that reasonable steps have been or will be taken within the public service to investigate and correct the wrongdoing, this disclosure can be submitted to:*

- *Any of the above officials who have not already received it;*
- *The Ethics Officer; or*
- *A police or law enforcement agency with respect to a matter within its power to investigate.*