

Disclosure of Wrongdoings

According to the Procedure to Facilitate the Disclosure of Wrongdoings

To be completed and printed, providing all information available to the person disclosing a wrongdoing. Send to the Designated Officer in a sealed envelope that states "Confidential", by Canada Post or internal mail, to the Designated Officer c/o the Secretary General, 7525 Chemin de Chambly, Saint-Hubert (QC) J3Y 0N7 ».

IDENTIFICATION			
Name	Given name		
Are you a member of the staff of the school board? <input type="checkbox"/> yes <input type="checkbox"/> no If not, kindly contact the Public Protector directly.			
A staff member is any person who, on a permanent or occasional basis, is employed by the school board and receives a salary. For purposes of this Procedure, persons who participate in the mission of the school board by holding office, performing a function, job or other task are also considered staff members, whether they are remunerated or not. These persons are normally commissioners who sit on Council and other school board committees, as well as volunteers who work in the schools.			
CONTACT INFORMATION FOR CONFIDENTIAL COMMUNICATION			
Indicate at least one (1) method to contact you confidentially. Failing to do so, your disclosure will be considered anonymous and redirected to the Public Protector.			
Telephone	Permission to leave a message? <input type="checkbox"/> yes <input type="checkbox"/> no		
Email			
Postal address			
PARTICIPANTS IN THE WRONGDOING			
Name	Given name	Title	
Contact Information			<input type="checkbox"/> School board employee
Name	Given name	Title	
Contact Information			<input type="checkbox"/> School board employee
Name	Given name	Title	
Contact Information			<input type="checkbox"/> School board employee
DESCRIPTION OF THE FACTS			
Describe the facts: _____ _____ _____ _____ _____			
How is this a wrongdoing?: _____			

DESCRIPTION OF THE FACTS (cont'd)		
Possible consequences for the school board, health or safety of persons or the environment _____		
If the wrongdoing has not yet occurred, is it still possible to prevent it? _____		
DATE(S) AND LOCATION		
<input type="checkbox"/> On (<i>insert date</i>) _____		
<input type="checkbox"/> From: _____ to: _____		
<input type="checkbox"/> Repetitive nature. Specify: _____		
Location _____		
OTHER PEOPLE INVOLVED AND WITNESSES		
Name	Given name	Title
Contact Information		<input type="checkbox"/> School board employee
Role (witness, participant, etc.) _____		
Name	Given name	Title
Contact Information		<input type="checkbox"/> School board employee
Role (witness, participant, etc.) _____		
Name	Given name	Title
Contact Information		<input type="checkbox"/> School board employee
Role (witness, participant, etc.) _____		
OTHER INFORMATION		
Evidence or documents in your possession, if applicable: _____		

Steps taken (management, union, staff member): _____		

Fear or threats of reprisal: _____		

Any information useful to processing the disclosure of wrongdoing: _____		

The information contained herein will only be available to the school board's Designated Officer responsible for dealing with wrongdoings and his/her associates, where applicable. The information will be retained as confidential and may only be used and communicated according to the *Procedure to Facilitate the Disclosure of Wrongdoings*.