Complaint of Reprisal Form (from Public Interest Disclosure Regulation Section 3(2))

This form must be used to submit complaint of reprisal. Your responses will assist in reviewing the matter under the Public Interest Disclosure (Whistleblower Protection) Act. Please send this form directly to the Public Interest Commissioner at #2800, 10303

Jasper Avenue, Edmonton, Alberta T5J 5C3

Reprisal

- No person shall take or direct, or counsel or direct a person to take or direct, any of the following measures against an employee because the employee has, in good faith, sought advice about making a disclosure, made a disclosure, cooperated in an investigation under this Act, declined to participate in a wrongdoing or done anything in accordance with this Act:
- (a) a dismissal, layoff, suspension, demotion or transfer, discontinuation or elimination of a job, change of job location, reduction in wages, change in hours of work or reprimand.
- (b) any measure, other than one mentioned in clause (a), that adversely affects the employee's employment or working conditions;
- (c) a threat to any of the measures mentioned in clause (a) or (b).

General Contact Information

Name :	Title: _	
Mailing Address:		
City	Province	Postal Code
Telephone Work	Home	Cell/Other
Email (Optional)		
Best Time to Contact: Day	Evening	Weekend
Name of Employer		

Information about the Reprisal
Please provide a brief description of the disclosure of wrongdoing you made or participated in. Please include all relevant dates, locations, etc. Please attach any available supporting documents.
Please provide a description of the reprisal(s) or threat(s) that have occurred or are occurring. Be sure to include all relevant dates, locations, etc. Please attach any available supporting documents.
Is there any additional information about this complaint of reprisal you wish to provide? Please attach any available supporting documents.
Declaration

*Knowingly making a false or misleading statement is an offence pursuant to the Act.

(Current Date)

I believe that all the information provided is true to the best of my knowledge.*

(Signature)