



PIDA REPRISAL COMPLAINT FORM

FORM 450-02

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 Division Ombudsman or the Public Interest Commissioner at:

Deputy Superintendent 3656 1 st Avenue Edson, Alberta T7E 1S8 Phone: 780-723-4471 Confidential Fax: 780-712-5586 Toll-free: 800-723-2564	Office of the Public Interest Commissioner (PIC) 10303 Jasper Avenue NW, Suite 2800 Edmonton, AB T5J 5C3 Phone: 780-427-2756 Fax: 780-427-2759
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In Alberta you can call the numbers above toll-free through RITE operator at 310-0000; or North America: (toll-free) 1-888-455-2756

**Reprisal
24**

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 take any of the measures mentioned in clause (a) or (b).

General 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 Grande Yellowhead Public School Division No. 77

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

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

Signature

Date

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