



DISCLOSURE OF WRONGDOING FORM

1

PERSONAL INFORMATION OF THE PERSON DISCLOSING THE WRONGDOING

ANONYMOUS DISCLOSURE

(Proceed to section 2 and provide as much detail as possible.)

LAST NAME

FIRST NAME

ADDRESS

HOME

WORK

Number

Street

Apt./Office

City

Postal code

TELEPHONE (DAY)

TELEPHONE (EVENING)

EMAIL

PREFERRED MEANS OF CONTACT

Telephone

Regular mail

Email

In person

2

SUPPORTING INFORMATION

(Attach additional pages if required.)

WHO COMMITTED THE WRONGDOING?

LAST NAME

FIRST NAME

ORGANIZATION/COMPANY

POSITION

DEPARTMENT/SERVICE CONCERNED



DISCLOSURE OF WRONGDOING FORM

CONTACT INFORMATION OF THE PERSON WHO COMMITTED THE WRONGDOING

ADDRESS HOME WORK

Number	Street	Apt./Office
City		Postal code

TELEPHONE (DAY) TELEPHONE (EVENING)

--	--	--	--

EMAIL

--

IF OTHER PERSONS WERE INVOLVED, PLEASE NAME THEM

LAST NAME FIRST NAME

--	--

ORGANIZATION/COMPANY

--

POSITION DEPARTMENT/SERVICE CONCERNED

--	--

ADDRESS HOME WORK

Number	Street	Apt./Office
City		Postal code

TELEPHONE (DAY) TELEPHONE (EVENING)

--	--	--	--

EMAIL

--



DISCLOSURE OF WRONGDOING FORM

3

DESCRIPTION OF THE WRONGDOING

WHAT? (SEQUENCE OF EVENTS)

(Attach additional pages if required.)

WHERE? LOCATION WHERE THE WRONGDOING WAS/WILL BE COMMITTED

WHEN? DATES (IF THE WRONGDOING HAS ALREADY BEEN COMMITTED)

Otherwise, state that the wrongdoing is about to be committed.



DISCLOSURE OF WRONGDOING FORM

WHY? (WHY DO YOU CONSIDER IT TO BE A WRONGDOING? PROVIDE AS MUCH
DETAIL AS POSSIBLE.)

(Attach additional pages if required.)

4

SUPPORTING DOCUMENTS AND/OR EVIDENCE

Attach supporting documents, photos, files, emails, etc.

5

STATEMENT

I declare that this disclosure is made in good faith and that, to the best of my
knowledge, all the information is truthful and accurate.

ANONYMOUS DISCLOSURE

DATE OF THE ANONYMOUS DISCLOSURE _____

Signature of the person making the disclosure

Date



DISCLOSURE OF WRONGDOING FORM

6 AUTHORIZATION AND AUTHENTICATION

By submitting this form, you authorize the officer responsible for following up on disclosures to gather your personal information for the purposes of the [Règlement facilitant la divulgation d'actes répréhensibles à l'égard de l'Assemblée nationale](#) (regulation facilitating the disclosure of wrongdoings in relation to the Assemblée nationale).

This information is made accessible only to the officer responsible for following up on disclosures or, where applicable, the person replacing the officer. Both the officer and the person replacing the officer are bound by the same discretion and confidentiality requirements. The information gathered will be kept confidential in a secure place and may be used or communicated only in accordance with the [Règlement facilitant la divulgation d'actes répréhensibles à l'égard de l'Assemblée nationale](#).

You may disclose the wrongdoing completely anonymously by checking off the appropriate box in section 1 of the form.

You have the right to access your personal information and to request that any inaccurate, incomplete or ambiguous information be corrected. For more information, please see the [Assemblée nationale du Québec's confidentiality policy](#). Lastly, be assured that the Assemblée nationale will destroy your personal information in a secure manner, in accordance with the specifications of the Assemblée nationale classification and preservation repository.

7 TRANSMISSION OF FORM OR ADDITIONAL INFORMATION

Manon Carrier, CPA
1035, rue des Parlementaires
2^e étage, bureau 2.27
Québec (Québec) G1A 1A3
581-991-6816
divulgation.actes.reprehensibles@assnat.qc.ca

Staff and persons with an Assemblée nationale access card may also use the confidential letter box at Entrance 30 of the Édifice Pamphile-Le May.