



# DISCLOSURE OF WRONGDOING FORM

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## 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



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## CONTACT INFORMATION OF THE PERSON WHO COMMITTED THE WRONGDOING

ADDRESS	HOME <input type="checkbox"/>	WORK <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Street	Apt./Office
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Postal code	

TELEPHONE (DAY)	TELEPHONE (EVENING)
<input type="text"/>	<input type="text"/>

EMAIL

## IF OTHER PERSONS WERE INVOLVED, PLEASE NAME THEM

LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>

ORGANIZATION/COMPANY

POSITION	DEPARTMENT/SERVICE CONCERNED
<input type="text"/>	<input type="text"/>

ADDRESS	HOME <input type="checkbox"/>	WORK <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Street	Apt./Office
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Postal code	

TELEPHONE (DAY)	TELEPHONE (EVENING)
<input type="text"/>	<input type="text"/>

EMAIL



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### 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.*



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

*(Attach additional pages if required.)*

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### **SUPPORTING DOCUMENTS AND/OR EVIDENCE**

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

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### **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

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### 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.

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### TRANSMISSION OF FORM OR ADDITIONAL INFORMATION

Manon Carrier, CPA  
1035, rue des Parlementaires  
2<sup>e</sup> étage, bureau 2.27  
Québec (Québec) G1A 1A3  
581-991-6816  
[divulgation.actes.reprehensibles@assnat.qc.ca](mailto: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.