



WRONGDOING DISCLOSURE FORM

1 PERSONAL INFORMATION OF THE PERSON MAKING THE DISCLOSURE

ANONYMOUS DISCLOSURE

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

LAST NAME FIRST NAME

ADDRESS RESIDENCE WORK

Number Street Apt./Room

City Postal code

TELEPHONE (DAY)

TELEPHONE (EVENING)

EMAIL

PREFERRED MEANS OF CONTACT

Telephone call

Regular mail

Email

In person

2 SUPPORTING INFORMATION

(Attach additional pages if necessary.)

WHO COMMITTED THE WRONGDOING?

LAST NAME FIRST NAME

ORGANIZATION/COMPANY

POSITION DEPARTMENT/SERVICE INVOLVED



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CONTACT INFORMATION OF THE PERSON WHO COMMITTED THE WRONGDOING

ADDRESS RESIDENCE WORK

Number	Street	Apt./Room
City		Postal code

TELEPHONE (DAY) TELEPHONE (EVENING)

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EMAIL

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PLEASE NAME ANY OTHER PERSONS INVOLVED

LAST NAME FIRST NAME

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ORGANIZATION/COMPANY

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POSITION DEPARTMENT/SERVICE INVOLVED

--	--

ADDRESS RESIDENCE WORK

Number	Street	Apt./Room
City		Postal code

TELEPHONE (DAY) TELEPHONE (EVENING)

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EMAIL

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3 DESCRIPTION OF THE WRONGDOING

WHAT? (SEQUENCE OF EVENTS)
(Attach additional pages if necessary.)

WHERE? (WHERE DID THE WRONGDOING TAKE PLACE?)
DATES (IF THE WRONGDOING HAS ALREADY BEEN COMMITTED)
Otherwise, specify if 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 necessary.)

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 provided is truthful and accurate.

ANONYMOUS DISCLOSURE

DATE OF THE ANONYMOUS DISCLOSURE _____

Signature of the person making the disclosure

Date



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6 AUTHORIZATION AND AUTHENTICATION

By submitting this form, you authorize the Officer responsible for dealing with 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 National Assembly).

This information is made accessible only to the Officer responsible for dealing with 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 only be used or communicated in accordance with the [Règlement facilitant la divulgation d'actes répréhensibles à l'égard de l'Assemblée nationale](#).

7 TO SUBMIT THIS FORM OR FOR ADDITIONAL INFORMATION

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

Employees and persons with a National Assembly access card can also use the confidential letter box at Entrance 30 of the Pamphile-Le May Building.