

# PUBLIC INTEREST DISCLOSURE ACT - DISCLOSURE OF WRONGDOING FORM

## Public Interest Disclosure Act (PIDA)

PIDA is B.C.'s whistleblower protection legislation which provides legal confidentiality and reprisal protections to current and former employees (including medical staff) of public sector organizations who speak up about serious or systemic wrongdoing within their organization.

For information about the *Public Interest Disclosure Act (PIDA)*, visit: www.providencehealthcare.org/en/governance/accountability/public-interest-disclosure-act

Once this form is submitted, we might reach out to you (if not anonymous) for any additional information and update on any steps that will be taken.

## Your Agreement with PHC

- The information provided in this reporting form is collected by PHC under applicable privacy legislation and will be used to assess and investigate allegations of serious wrongdoing made under the PIDA
- I have provided this information in good faith and on the reasonable belief that it could show a wrongdoing has occurred or is about to occur.

By checking here, I am agreeing to the above.\*

If you have any questions about *PIDA* or whether your concern(s) qualifies as a *PIDA* complaint, please email PHCReporting@theneutralzone.ca or call 1-888-999-1689. You may also contact PHC's Designated Officers for *PIDA* using the contact info on our *PIDA* webpage, above.

### Report

Please enter your report in your own words\*

Try to be specific about involved people, departments, locations, dates, times, documents, policies, etc.



#### **Supporting Documents:**

Please attach any documents, records, correspondence, recordings or other evidence that you have in your possession that support the allegations of wrongdoing. To protect your identity, please ensure that all identifying information, such as metadata (e.g. location), is removed from all files before uploading them.

#### Category

Type of Wrongdoing – Please check all that apply. The wrongdoing I wish to disclose relates to:

A serious act or omission that, if proven, would constitute an offence or a crime under any BC or Canadian law.

An act or omission that creates a substantial and specific danger to the life, health or safety of one or more people, or to the environment, other than a danger that is inherent in the performance of an Employee's duties or functions.

An act or omission that creates a substantial and specific danger to the life, health or safety of one or more people, or to the environment, other than a danger that is inherent in the performance of an Employee's duties or functions.

A serious misuse of public funds or public assets.

A gross or systemic mismanagement.

Knowingly directing or counselling a person to commit any of the above, whether or not the person commits the act or omission.

I am not sure

If none of the above apply, *PIDA* may not be the best way to raise your concern.

Please consider addressing the matter through other internal reporting mechanisms (e.g. Safe Reporting, Patient Care Quality Office, Privacy Office) or contact your supervisor, or a PHC Designated Officer for more information .

#### **Additional Information**

1.	Do you prefer to remain anonymous? (Reports under the Act may be made anonymously, but we
	cannot investigate your report unless we can determine that you are an eligible employee, and we
	may not be able to investigate without obtaining more information from you.)

Yes

No



2.	Name (first name / last name)
3.	Job title
4.	Telephone number
5.	Email
6.	Are you a current or former employee of PHC?
	Current
	Former
7.	Have you reported the wrongdoing to your supervisor, another excluded manager, or through another process (e.g. Safe Reporting, labour relations grievance)?*
	Yes
	No
	(a) If yes, please provide the status, and/or any responses received:
8.	Are you aware if other bodies are investigating the wrongdoing? These could include:
	• The Office of the Chief Medical Health Officer (for offenses related to health of persons and environment);
	<ul> <li>Internal Audit Services (for allegations of fraud or theft);</li> </ul>
	<ul> <li>The MAC (for physician-related issues, including clinical practice concerns);</li> </ul>
	<ul> <li>Professional Practice (for practice-related issues pertaining to non-physician clinicians);</li> </ul>
	<ul> <li>The HR Advisor and/or Workplace Safety (for unsafe working conditions and human resource issues generally)</li> </ul>
	Yes
	No



	(a) If yes, please provide the status, and/or any responses received:	
9.	Are you aware of any external processes investigating or considering the wrongdoing (e.g. grievand through bargaining unit, the court system, the police)?*	es
	Yes	
	No	
	Unknown	
	(a) If yes, please specify the body looking into the wrongdoing, the status, and/or any responses re	ceived
	e email the completed form directly to the Neutral Zone at PHCReporting@theneutralzone.ca or to Designated Officers at Jen.Chan@providencehealth.bc.ca and DTambo@providencehealth.bc.ca.	