



# Safe Disclosure Form

Send completed form along with any supporting documentation (if available) to:

Coreen Roth  
Vice-President People and Planning  
Lethbridge College  
3000 College Drive, South  
Lethbridge, AB T1K 1L6  
Email: [safedisclosure@lethbridgecollege.ca](mailto:safedisclosure@lethbridgecollege.ca)

**Date of Report:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_  I wish to remain anonymous

**Your Phone Number:** \_\_\_\_\_

**Your Email:** \_\_\_\_\_

**Are you an Employee of Lethbridge College?**  Yes  No

**If no, what is your relationship to the college?** \_\_\_\_\_

Has this matter been previously reported to the college or any other entity?  Yes  No

If yes, provide the day of report, name of person reporting, name of entity receiving the report, and a copy of the report, if applicable in the space below:

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**Type of Alleged Wrongdoing:**

- Contravention of an act or regulation of Alberta or Canada
- An act or omission that creates a substantial and specific danger to the life, health or safety of individuals other than a danger that is inherent in the performance of the duties or functions of a member of the college community
- An act or omission that creates a substantial and specific danger to the environment
- Gross mismanagement of public funds or a public asset
- Knowingly directing or counseling an individual to commit one of the above

**Nature of Alleged Wrongdoing:**

Detailed information is required to enable a full assessment and review of the matter. Attach any supporting documentation.

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**Date of Alleged Wrongdoing:** \_\_\_\_\_

**Involved Parties:** Please identify those persons involved in the alleged wrongdoings

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name: \_\_\_\_\_

Position/Title \_\_\_\_\_