

Whistleblowing Report Form	
Whistleblower's Contact Information	
Name	
Email address	
Contact Number	
Suspect's Information	
Name	
Designation	
Division and Department (where applicable)	
Email address	
Contact number	
Witness(es) Information (if any)	
Name (1)	
Division of Department (if any)	
Email address	
Contact number	
Name (2)	
Division of Department (if any)	
Email address	
Contact number	
Incidents	
Incidents/Details of Allegation	
Incident Date and Time	
Location of Incident	
How Incident was Detected	
Estimated value involved (in RM)	
Evidence of the Allegation	

Incidents	
Other suspected parties involved	
Additional comments/remarks	
<p><u>Declaration:</u></p> <p>I..... I/C No:....., on date..... declare that the information provided in this report is true to the best of my knowledge and belief and I have made this disclosure voluntarily. I acknowledge that the Group will use the information furnished in this report for investigation purposes.</p>	
For office's use only	
Date report received	
Contact with Whistleblower	
Follow-up action taken	
Sign off by	1) 2)

For Investigation Team Use Only:

Case Number:			
Received by:		Received On:	
Investigation required (Yes/No) (Please state the reason if "No")			
Investigation to be assigned to			
Investigation results			
Corrective action taken			
Preventive measure taken			
Signed off and approved by			
Date of completion			