

Whistleblowing Lodgement Form

Part A (Filled by the Whistleblower)

Whistleblower Information			
Name:			
Designation:		Department:	
Company Name:			
Allegation Details			
Individual:			
Designation:		Department:	
Company Name:			
Incident Date:		Incident Time:	
Incident Location:			
Allegation Details:			
Type of Allegation:	<input type="checkbox"/> Fraud <input type="checkbox"/> Compliance Violations <input type="checkbox"/> Theft <input type="checkbox"/> Others (please indicate)		
Other Parties Involved:			
Have you been a Whistleblower before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Preferred method of communication and details (choose at least one):	<input type="checkbox"/> Phone <input type="checkbox"/> Email	Phone number: Email address:	
Any document / evidence to be attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of document/ evidence, if Yes:	

Part B: Do not fill in (For office use only)

Case number:			
Case status:	Proceed	Closed	Not Substantiated
Reason:			
Investigator:			
Action to be taken (if any):			

Please attach this form in your report together with relevant supporting documents.