

STRICTLY CONFIDENTIAL

Please provide the following details for any alleged serious misconduct or any breach or suspected breach of law or. Please note that you may be called upon to assist in the investigation, if required.

(*) Denotes mandatory field

SECTION 1: PERSONAL PARTICULARS OF WHISTLEBLOWER	
1.	* Name:
2.	* Division/ Designation:
3.	* Contact Number (Office / Mobil/ Home):
4.	* E-Mail Address:

SECTION 2: SUSPECT'S INFORMATION (Who committed the misconduct?)	
1.	* Name:
2.	Designation:
3.	* Department
4.	Contact Number (Office / Mobil/ Home):
5.	E-Mail Address:

SECTION 3: WITNESS INFORMATION (IF ANY)	
1.	* Name:
2.	Designation:
3.	* Department
4.	Contact Number (Office / Mobil/ Home):
5.	E-Mail Address:

SECTION 4: DETAILS OF IMPROPER CONDUCT	
Briefly describe the misconduct and how you know about it. Specify what, who, when, where and how . If there is more than one allegation, number each allegation and use as many pages as necessary.	
Date of Incident:	
Time of Incident:	
Place of Incident (provide specific location, where possible):	
1.	What misconduct occurred?* (eg: fraud, conflict of interest, mis-selling, abuse of power etc.)
2.	How did the the subject (s) or person being reported carry out the activity? Is it ongoing? How frequently does it happen? How did you notice or aware of the improper conduct?
3.	Is there any evidence that you could provide us with? YES / NO

WHISTLEBLOWER REPORT FORM

4. Are there any other parties involved other than the suspect stated above?

5. Do you have any other details or information which would assist us in the investigation?

6. Any additional details of the incident would be useful to investigators?

NOTE: *Please attach additional sheets if necessary

7. Have you lodged a complaint on this matter to another person / department / authority before?

YES NO

If YES, please indicate the person / department / authority that the report was lodged and date of report : (cross X where applicable)

Police		*Please attach a copy of the report made.
Malaysian Anti-Corruption Commission		*Please attach a copy of the report made.
Bank Negara Malaysia		*Please attach a copy of the report made.
Others (please indicate the authority)		Name of the authority _____ *Please attach a copy of the report made.
Date report was made:		

SECTION 5: SUPPORTING EVIDENCE

List and provide the supporting evidence (if available)

SECTION 6: DECLARATION

- I declare that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief.
- I hereby agree that the information provided herein to be used and processed for investigation purposed and further agree that the information provided herein may be forwarded to a department / authority / enforcement agency for purposes of investigation.

Signature:

Date:

NOTE:

No action, suit, prosecution or other proceeding shall be brought, instituted or maintained in any Court or any tribunal or proceeding against the staff/person who report such violation or non-compliance provided that such act was done or made in good faith.

FOR INTERNAL USE ONLY:

Record No :

PIC receiving this report:

Date: