

WHISTLEBLOWING FORM

(*)Denotes mandatory field

Your Contact Information

Name*

NRIC No.*

Phone No. *

Office _____ Mobile _____ Home _____

Email address *

Employment details *

Position & department

(for employees only)

Your Disclosure*

Please include details of the person(s) involved, nature of allegations, where and when the alleged improper conduct took place *(use additional sheets if necessary)*

Please state the supporting documents, witnesses or evidence to substantiate your disclosure (if any) to facilitate investigation. You may also attach the relevant documents *(use additional sheets if necessary)*

Declaration*

I hereby declare that all the information given herein are made voluntary and are true to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that INCEIF will use the information and material provided throughout the investigation process.

(Signature*)

Name

Date*