



WHISTLEBLOWING POLICY COMPLAINT/DISCLOSURE FORM

STRICTLY CONFIDENTIAL



COMPLAINT/DISCLOSURE FORM

NOTE: PLEASE PROVIDE DETAILED INFORMATION AS MUCH AS POSSIBLE

COMPLAINANTS INFORMATION

NAME:		OFFICE ADDRESS:		
SIGNATURE / DATE	EMPLOYEE NO.	E-MAIL ADDRESS:		
COMPANY / DEPARTMENT	DESIGNATION	PHONE NO.	MOBILE NO.	FAX NO.

INFORMATION CONCERNING THE COMPLAINT

What is the major issue involved?

- Violations of Corporate Governance Rules
- Financial and Procedural Malpractice
- Violations of the Code of Discipline
- Others (Please specify)

What happened? (Please attach additional sheet(s) if necessary)

How did you know about the subject of the complaint(s)?

- Personal or direct knowledge
- Others have told me about it
- Others (Please specify)

Please indicate the physical evidences/ documentations that may support your disclosure.

Documents attached:	No. of Pages
1.	
2.	
3.	

Who is/are the person(s) involved? (Respondent/s) (Please attach additional sheets if necessary)

NAME	DESIGNATION	COMPANY	DIVISION/GROUP/DEPT.	NATURE OF INVOLVEMENT

Who is/are the possible Witness(es)? (Please attach additional sheets if necessary)

NAME	DESIGNATION	COMPANY	DIVISION/GROUP/DEPT.	NATURE OF INVOLVEMENT

When did the incident take place?

Date/Time/Frequency

Since when has this been occurring?

Location of evidence:

How much is involved? Please provide an approximate figure.

Why are you making this disclosure? (Please attach additional sheet if necessary)

DISCLOSURE HISTORY

Was the disclosure previously reported to a management level? If yes, to whom was it reported?

What do you think was the reason for lack of immediate action?

PLEASE ADVISE ON HOW WE MAY CONTACT YOU

- BY PHONE
- THROUGH E-MAIL
- OTHERS (SPECIFY)