

**(APPENDIX III) WHISTLEBLOWING DISCLOSURE FORM****INFORMATION TO NOTE WHEN COMPLETING THIS FORM**

- 1) Please provide as much information as possible to assist us in our investigations.
- 2) Do use separate form if there is more than one feedback.
- 3) Please attached relevant supporting documents or evidence (where applicable).
- 4) Do indicate how the evidence was obtained.

**PARTICULARS OF PERSON SUBMITTING THIS INFORMATION**

Name	
Designation	
Department / Organization* (* If it is external stakeholder)	
Contact number	
Email address	

**PARTICULARS OF PERSON INVOLVED / SUSPECTED TO BE INVOLVED**

Name	
Designation	
Department	
Contact number	
Email address	

**DETAILS OF THE REPORT(S)**

1	What misconduct/improper activity occurred (e.g., fraud, theft, conflict of interest, violation of law and briefly describe the misconduct/improper activity, approximate amount if it involved monetary)?
2	Who committed the misconduct/improper activity?
3	When did it happen and when did you notice it?
4	How did the subject(s) of this complaint carry out the activity?
5	Name(s) of organization/individual staff involved in the activity?

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6	Where did the incident occur (provide specific location, where possible)?
7	Is it ongoing? How frequently has it occurred?
8	How did you become aware of the alleged improper activity?
9	Please list and/or attach any documents/evidence you are aware of which supports your allegation
10	Please provide any additional details of the incident that would be useful to investigators:

**DECLARATION**

I declare that 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 purposes and further agree that the information provided herein may be forwarded to another department / authority / enforcement agency for purposes of investigation.

Signature:

Name:

Date:

**For Official Use Only**

Record No.:

Officer receiving this report:

Date: