1. Please complete the information to the extent which you are comfortable.
2. Anonymous complaints are accepted but subject to the seriousness of the issues raised, concern will usually **NOT** be investigated.

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| **WHISTLE BLOWER INFORMATION** | | | | | | |
| Name: | | Position: | | | Division/Branch: | |
| Best Way To Reach You (Tel./Email or etc): | | | Best Hours To Reach You: | | | |
| **CONSENT TO DISCLOSE YOUR NAME** | | | | | | |
| Please tick in box for name disclosure consent.  ⃣ I consent to my name being disclosed if so required under the provision of the law or for the purpose of conducting a competent investigation. | | | | | | |
| Please Tick In Appropriate Box  ⃣ **INFORMATION ABOUT YOUR COMPLAINT**  ⃣  **RETALIATION MADE AGAINST ME** | | | | | | |
| Name Of Person Your Complaint Is Against or Name of Person Who Retaliated Against You: | | | Date(s) Action Occurred: | | | |
| Please provide a detailed description of your complaint or retaliation made against you. You may attach additional pages if there is not enough space here: | | | | | | |
| Do you have witness(s)? ⃣ Yes ⃣ No  If Yes, please provide the particulars of your witnesses below: | | | | | | |
| Witness(es) Name(s): | Contact Details (Tel./Email or etc): | | | ⃣ Staff | | ⃣ Non-Staff |
| Witness(es) Name(s): | Contact Details (Tel./Email or etc): | | | ⃣ Staff | | ⃣ Non-Staff |