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 ⃣ NoIf 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  |