

Whistleblower Policy Document

Reporting Mechanism Format

1. Whistleblower Details (Optional)

Name:

(Optional)

Email:

(Optional)

Department:

(Optional)

2. Details of the Concern/Complaint

Type of Concern:

Select

Date of Incident (if known):

DD/MM/YYYY

Describe the incident/irregularity in detail:

3. Evidence & Supporting Information

List any evidence attached or available:

Name(s) of any witnesses (if any):

Separate with commas

4. Previous Action Taken (if any)

Has this concern been raised before? If yes, to whom and what was the outcome?

5. Declaration & Consent (If Identified)

I hereby declare that the information provided is true to the best of my knowledge and is made in good faith without malice.

Important Notes:

- The identity of the whistleblower will remain confidential to the extent permitted by law.
- Reports may be submitted anonymously; however, providing contact information may facilitate effective investigation.
- This form is intended for genuine concerns; misuse of the reporting mechanism may attract disciplinary action.
- All complaints will be investigated impartially and appropriate action will be taken where necessary.
- Retaliation against whistleblowers is strictly prohibited as per policy guidelines.