

WHISTLEBLOWING REPORTING FORM

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| Name: |  | NRIC No.: |  |
| Phone No: |  | Email Address: |  |
| Employee No: |  | Department: |  |
| Details of Allegation |
| Person(s) Involved:Location:Date and Time:Incident/Details of Allegation:How Incident Was Detected:Evidence Available:Concern and/or Potential Impact of Allegation:**Declaration:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I hereby declare that the information provided herein is true to the best of my knowledge and belief and I have made this disclosure voluntarily. I understand that Amanat Lebuhraya Raya Berhad (ALR) Group will use the information provided for the investigation process.…………………………………………..Name:Date: |