

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: | | | |