



CONFIDENTIAL

For Office Use	
Date:	
Ref No:	
Received by:	

Whistleblowing Form

(*) Denotes mandatory field

1 Your Contact Information*:

Name*

NRIC Number *

Staff ID *(for employees only)**

Phone Number*

Office

Mobile

Home

Email Address*

Employment Details*

Position, Department, Division, Company & Workplace Location *(for employees only)*

2 Your Disclosure*:

Please include details of the person (s) involved, nature of allegation, where and when the alleged improper conduct took place. *(Use additional sheets if necessary)*

3 Any Other Information*: *(Use additional sheets if necessary)*

4 Please state the supporting documents, witnesses or evidence to substantiate your disclosure (if any) to facilitate investigation. You may also attach the relevant documents. *(Use additional sheets if necessary)*

5 Declaration*:

I hereby declare that all information given herein are made voluntarily and are true to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that MHB will use the information and material provided throughout the process.

(Signature*)

Name:

Date*: