



## WAKOMAS GROUP WHISTLE-BLOWER REPORT FORM

Please provide the following details for any suspected misconduct and submit them directly to the Head of Business Improvement either by email ([compliance@wakomas.com.my](mailto:compliance@wakomas.com.my)) or post. Please note that you may be called upon to assist in the investigation if required.

(\*) Denotes mandatory field.

<b>A) REPORTER'S CONTACT INFORMATION</b>	
Name*	
Designation (For employees only)	
Department (For employees only)	
Contact No. *	
Email Address*	
<b>B) SUSPECT'S INFORMATION</b>	
<i>Please use additional sheet(s) if there are more than two suspects</i>	
Name*	
Designation	
Department	
Contact No	
Email Address	
<b>SUSPECT'S INFORMATION</b>	
Name*	
Designation	
Department	
Contact No	
Email Address	
<b>C) WITNESSES' INFORMATION (if applicable)</b>	
<i>Please use additional sheet(s) if there are more than two witnesses</i>	
Name*	
Designation	
Department	
Contact No*	
Email Address*	
<b>WITNESSES' INFORMATION (if applicable)</b>	
Name*	
Designation	
Department	
Contact No*	
Email Address*	
<b>D) DETAILS OF THE MISCONDUCT</b>	
<i>Briefly describe the misconduct and how you know about it. Specify who, what, where, when, why, and how. If there is more than one allegation, number each allegation and use as many sheets as necessary.</i>	



<p><b>1. What did the Suspect(s) do?</b> * (e.g. Nature, frequency, items or material involved, estimated or exact amount involved)</p>
<p><b>2. Where did the misconduct occur?</b> * (e.g. Place)</p>
<p><b>3. When did the misconduct occur, and when did you notice it?</b> * (e.g. Time and date)</p>
<p><b>4. Is there any evidence that you can provide us?</b> (Please describe the documentary evidence and attach a copy of evidence that you have already in your possession to this form. If you do not have them, please indicate where the documents can be found)</p>
<p><b>5. Are there any other parties involved other than the suspect(s) stated above?</b></p>
<p><b>6. Any other comments?</b></p>
<p><b>E) PREVIOUS REPORT TO LOCAL AUTHORITIES, IF ANY</b></p>
<p><b>1. Have you lodged a report of the misconduct to any local authorities?</b> (Please state "Yes" or "No")</p>



<b>2. Report / File reference no.</b>
<b>3. Name of local authority</b>
<b>4. Date of report</b>
<b>5. Status of report</b>
<b>F) ADDITIONAL COMMENTS</b>
<b>G) DECLARATION OF GOOD FAITH*</b> I hereby declare that all information given herein is voluntary, and to the best of my knowledge, made in good faith. I understand that the Group will use the information provided throughout the investigation process.  I further agree that the information provided herein may be forwarded to a department/authority/enforcement agency for the purpose of investigation.  I fully understand that by signing this form, I will be entitled to the whistle-blower protection as set out in the Group's Whistle-Blowing Policy. I also fully understand that if I have made this report maliciously or in bad faith, the whistle-blower protection stated in the Group's Whistle-Blowing Policy will not be applicable to me and may be subject to disciplinary or legal proceedings by the Group.
..... (Signature) Name: Date:
<b>H) FOR THE GROUP'S USE ONLY</b>
<b>Received On:</b>
<b>Investigation Required? (If no, please state the reason)</b>



<b>Investigation to be done by:</b>	
<b>Investigation Results:</b>	
<b>Action taken / conclusion:</b>	
<b>Concluded On:</b>	