

WHISTLEBLOWING FORM

A. PARTICULARS OF WHISTLEBLOWER

Please note that a disclosure made anonymous may not be processed or investigated unless the concern/allegation made is of sufficiently serious nature as determined by the Whistleblower Committee.

“Improper Conduct” means any unethical behavior, malpractice, illegal act or any other wrongful or improper conduct, which if proven, constitutes disciplinary offence or a criminal offence.

1.	Name		
2.	NRIC No		
3.	Employee No (if applicable)		
4.	Position (if applicable)		
5.	Department (if applicable)		
6.	Correspondence Address		
7.	Telephone No	H/P:	Office:
8.	Email Address (if any)		

B. PARTICULARS OF THE DISCLOSURE

1.	Name of alleged person								
	Position (if known)								
	Department/Division (if known)								
	Relationship between Whistleblower and the person complained of committing the improper conduct, if applicable.								
2.	Are you personally affected by the improper conduct?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%;"></td> </tr> </table>				YES		NO	
		YES		NO					
		If NO, please state the particular of person(s) affected by the improper conduct							
Name of person affected by the improper conduct (if known)									

		Position	
		Department/Division	
		Relationship between Whistleblower and the affected person(s), if applicable.	
3.	Particulars of improper conduct	Date:	
		Time:	
		Place:	
		Particulars:	
4.	Have you previously made a disclosure of the improper conduct to any internal or external party or the authorities?	YES	NO
		If YES, please provide the following particulars.	
		Disclosure File Ref No. (if known)	
		Name of party or authority receiving the disclosure	
		Position (if applicable)	
		Department (if applicable)	
		Date of disclosure made	
		Status of the disclosure	
C. DECLARATION			
1.	I hereby declare that all the information provided in this Form is true and accurate.		
2.	I fully understand that by signing this Form, I will be entitled to whistleblower protection from MIA as set out in the MIA's Whistleblower Policy.		

