

Whistleblowing Form

No. WB...../20.....

Written on.....

1. Specify location, date (dd/mm/yy) and time of situation.

Location.....

Date..... Time.....

2. Specify concerned persons that were in the situation.

2.1 Full name of person(s) who committed corruption or misconduct.

1.....

2.....

3.....

2.2 Full name of witness/observer(s).

1..... 2.....

3..... 4.....

5..... 6.....

3. Specify or explain the happening situation.

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4. Specify any concerned documents or evidences that can be used for investigation.

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5. Please specify your personal information (optional) and available telephone number. The Company will keep your information confidential and will disclose it only when necessary.

Full Name.....Employee Code.....

Department.....

Telephone No.....

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