

WHISTLEBLOWING FORM

REFERENCE NO.

A. DISCLOSURE DETAILS				
1. PARTY INVOLVED IN CONCERN				
i.	Name of Alleged Wrongdoer			
ii.	Designation			
iii.	Department/ Company			
iv.	How do you know this person?			
2. DETAILS OF CONCERN (You may use additional sheets if necessary)				
i.	Date/ Time/ Location			
ii.	Description of Concern			
 SUPPORTING INFORMATION TO ASSIST INVESTIGATIONS (Please attach supporting evidence to substantiate your disclosure and assist in investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary) 				
	Witness	Name		
i.		Department		
ii.	Supporting Evidence			
B. REPORTING TO OTHER PARTIES				
	Have you raised your concern to any other person/ department/ authority? (Tick whichever applicable)			
i.	Yes	No		
	If yes, please state the person/ department/ authority the report was made/ lodged and insert the date of the report. You may attach a copy of the report made.			
C. PARTICULARS OF WHISTLEBLOWER				
(This section may be left blank if the reporter wishes to remain anonymous)				
i.	Name			
ii.	Designation / Occupation			
iii.	Contact No			
iv.	E-mail Address			
v.	Relationship with RM Leopad (If not Employee)			

NOTES:

E-mail: leo.whistleblow@gmail.com

Address: Wisma Leopad, 2nd Floor, No. 5, Jalan Tun Sambanthan, 50470 Kuala Lumpur.

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