

DETRIMENTAL ACTION COMPLAINT FORM
(STRICTLY CONFIDENTIAL)

Whistleblower/ Complainant Information

Name: _____
NRIC No: _____
Designation: _____
Department: _____
HP No: _____
Email: _____

Details of the Detrimental Action

Please include details of name of the person(s) involved in committing the Detrimental Action, nature of the Detrimental Action, where and when, date and time the Detrimental Action took place (*you may use additional sheets if necessary*)

To substantiate the complaint and facilitate the investigation, please provide the supporting documents or evidence (if any) (*you may use additional sheets if necessary*)

Have you lodged any report to any Enforcement Agency in respect of the Detrimental Action against the person(s) involved)? If yes, please provide a copy and the details of the report

Declaration*

I hereby declare that all the information given herein are made voluntarily and are true to the best of my knowledge. I hereby agree that the information and material provided herein may be used and processed and disclosed to any third party in accordance to this PASB Group Whistleblowing Policy & Procedure for the investigation purposes.

(Signature)

Name:

Date: