Whistleblowing Lodgment Form

Part A (Information to be provided by Whistleblower)

Whistleblower Information				
Name				
Designation	Department			
Company Name				
Allegation Details				
Individual				
Designation		Department		
Company Name				
Incident Date		Incident Time		
Incident Location				
Allegation Details				
Type of Allegation	🖵 Fraud	Compliance Violations	□ Theft	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Others			
		()	,	
Other Parties Involved				
Have you been a	Yes	🗖 No		
Whistleblower before?				
Preferred method of	Phone	Phone number		
communication and				
details				
(choose at least one)	🗅 Email	Email address		

Part B: Do not fill in

For office use only			
Case number			
Case status	Proceed	Closed	Not Substantiated
Reason			
Investigator			

Please attach this form in your email to <u>whistleblowing@johawaki.com.my</u> together with relevant supporting documents.