

BCKK WHISTLEBLOWING FORM

(*) Denotes mandatory field

1. *Your Contact Information:

Name: _____
NRIC No. / Passport No.: _____
Phone Number: _____
Email Address: _____
Staff ID No. & Designation: _____
(For employees only)
Relationship with BCKK: _____
(For members of public)

2. *Disclosure Details:

Please include details of the person(s) involved, nature of allegation, where and when the alleged improper conduct took place.

3. *Supporting Information to Assist Investigations:

Please state the supporting documents, witnesses or evidence to substantiate your disclosure (if any) to facilitate investigation. You may also attach the relevant documents.

4. Have you raised your concern to any other person / department/ authority? (Tick whichever applicable)

YES NO

If Yes, please state the person / department/ authority the report was made / lodge and insert the date of the report. You may attach a copy of the report made.

5. *Declaration:

I hereby declare that all the information given herein are made voluntarily and are true to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that BCKK will use the information and material provided throughout the process.

(Signature)

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Name :
NRIC No. :
Date :