



WHISTLEBLOWER FORM

PARTICULARS OF COMPLAINANT :			
Name	:	Employee No.	:
NRIC No.	:	Position	:
Location (If applicable)	:	Department	:
E-mail address	:	Contact No.	:
Correspondence Address :			
PARTICULARS OF COMPLAINT :			
Name of person(s)			
Alleged	:		
Position (if known)	:	Department (if known)	:
Relationship between you and the person alleged			
Are you personally affected by the Improper Conduct/ Detrimental Action			
			: YES / NO
If NO, please state the particulars of the person(s) affected by the Improper Conduct/ Detrimental Action	Name	:	
	Position (if known)	:	
	Department (if known)	:	
	Relationship between you and the person(s) affected	:	
Allegation Details	Date	:	
	Time	:	
	Place	:	
	Estimated Value Involved	:	
	Description / Particulars		
Have you previously made a Complaint of the Improper Conduct / Detrimental Action to any internal or external			
			: YES / NO



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party or the authorities?	
If YES, please provide the following particulars	Complaint/ File Reference No. (if known) :
	Name of party or authority receiving the complaint :
	Position (if applicable) :
	Department (if applicable) :
	Date the complaint was made :
	Current status of the complaint :
DECLARATION:	
1. I hereby declare that all the information provided in this Form, to the best of my knowledge is true & accurate.	
2. I have read and understand Kertih Terminals Sdn Bhd Whistleblowing Policy.	
SIGNATURE :	
Name : Date :	
Notes to Complainant:	
(a) Please attach supporting documents, if any.	
(b) If spaces provided in this Form are not sufficient, please use a separate blank sheet.	
(c) You may submit the completed Form via e-mail to : whistleblower@ktsb.com.my	
FOR OFFICE USE:	
Date Received :	
File Reference No. :	
Received by :	Date/Time :