

WHISTLEBLOWER FORM

Please attach this Whistleblower Form in your email to humanresource@southernscore.com together with all relevant information and supporting documents (if any). Please note that you may be called upon to assist in the investigation, if required.

SECTION 1: WHISTLEBLOWER'S PARTICULARS	
Name	
Designation	
Department	
Company Name	
Have you been a Whistleblower before?	☐ Yes ☐ No
Preferred method of communication & details (choose at least one)	☐ Mobile No. ☐ Email:

SECTION 2: ALLEGATION DETAILS <i>(Briefly describe the misconduct and how you know about it. Specify what, who, when, where and how. If there is more than one allegation, number each allegation and use as many pages as necessary)</i>	
Name	
Designation	
Department	
Company Name	
Contact Details	Mobile No. Email:
Incident Date & Time	
Incident Location	
Allegation Details	
Type of Allegation	
Other Parties Involved	

SECTION 3: WITNESS'S PARTICULARS (IF ANY)	
Name	
Designation	
Department	
Company Name	
Contact Details	Mobile No. Email:
Name	
Designation	
Department	
Company Name	
Contact Details	Mobile No. Email:

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SECTION 4: DECLARATION BY WHISTLEBLOWER

I declare that to the best of my knowledge and belief, all information given herein is reasonable, true and correct.

Signature:

Date:

SECTION 5: FOR OFFICE USE ONLY

Received By

Name:

Designation:

Date:

Investigation Required?

☐ Yes

☐ No (If No, please state the reason)

Investigated By

Investigation Result

Processed by

Name:

Designation:

Date: