| **Whistleblower Contact Information** |
| --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Phone No.** |   |

 |

| **Suspect’s Information** |
| --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Department** |   |
| **Phone No.** |  | **Designation** |  |
| **E-mail** |  | **Other details** |  |

 |

| **Complaint** |
| --- |
| ***Briefly describe the wrongdoing, misconduct, or improper activity 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.***

|  |  |
| --- | --- |
| **1. What wrongdoing, misconduct, or improper activity occurred?**

|  |
| --- |
|  |

 |
| **2. Who committed wrongdoing, misconduct, or improper activity?**

|  |
| --- |
|  |

 |
| **3. When did it happen and when did you notice it?**

|  |
| --- |
|  |

 |
| **4. Where did it happen?**

|  |
| --- |
|  |

 |
| **5. Is there any evidence that you could provide us?**

|  |
| --- |
|  |

 |
| **6. Are there any parties involved other than the suspect stated above?**

|  |
| --- |
|  |

 |
| **7. Do you have any other details or information which would assist us in the investigation?**

|  |
| --- |
|  |

 |
| **8. Any other comments?**

|  |
| --- |
|  |

 |
| **Declaration:**I hereby declare that the information provided herein is true to the best of my knowledge and belief and I have made this disclosure voluntarily in good faith. I understand that MCKL will use the information provided for the investigation process.**………………………………………………..****Name:** **Date:**  |

 |
| **Evidence:***Please describe how the investigator could locate supporting documentation or attach a copy of evidence that you have already in your possession. You should* ***NOT ATTEMPT TO OBTAIN*** *evidence for which you do not have a right to access, as such, whistleblowers are “reporting parties” not “investigators”.* |

|  |
| --- |
| **Investigation and Results (FOR OFFICE USE ONLY)** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Complaint Number** |  | **Date Received** | Click here to enter a date. |

|  |  |
| --- | --- |
| **Investigation Required?** | [ ]  Yes[ ]  No **If No, please state the reason.** |
| **Investigation to be done by:** |  |
| **Investigation Results:** |  |
| **Action Taken/ Conclusion:** |  |
| **Signed off by:** |  | **Date:** | Click here to enter a date. |

 |

|  |
| --- |
| **Closure** |
| **Closure Statement:**

|  |
| --- |
|  |
| Signed off by: |  | Date  | Click here to enter a date. |

 |