



## WHISTLEBLOWER POLICY AND PROCEDURES

### APPENDIX A

#### FORM FOR REPORT OF IMPROPER CONDUCT

**CONFIDENTIAL**

REFERENCE NUMBER: \_\_\_\_\_

<b>A. PERSONAL PARTICULARS OF WHISTLEBLOWER</b>	
1	Name:
2	I/C No. / Passport No. / Staff no.:
3	Correspondence Address:
4	Telephone No.: Home: Office: Mobile:
5	E-mail Address:
6	Designation / Occupation:
7	Preferred method of communication: <input type="checkbox"/> mail <input type="checkbox"/> e-mail <input type="checkbox"/> telephone /sms
<b>B. INFORMATION OF PESONA METRO EMPLOYEE(S) INVOLVED IN IMPROPER CONDUCT</b>	
Individual 1	
1	Name of Pesona Metro Employee: Designation / position of said Employee in Pesona Metro: How do you know this Pesona Metro Employee?
Individual 2	
2	Name of Pesona Metro Employee: Designation / position of said Employee in Pesona Metro: How do you know this Pesona Metro Employee?
Individual 3	
3	Name of Pesona Metro Employee: Designation / position of said Employee in Pesona Metro: How do you know this Pesona Metro Employee?
<b>C. DETAILS OF IMPROPER CONDUCT</b>	
	Date: Time: Place:



## WHISTLEBLOWER POLICY AND PROCEDURES

### APPENDIX A (CONT)

Details of Improper Conduct:  *Please submit supporting documents if available. *Please attach additional sheets if necessary			
<b>Have you lodged a complaint on this matter to another person / department / authority before?</b>	(mark "X" where applicable)		
	<b>YES:</b>		<b>NO:</b>
If YES, please indicate the person / department / authority that the report was lodged: (mark "X" where applicable)			
(i) Police		*Please attach a copy of the report made.	
(ii) Malaysian Anti-Corruption Commission		*Please attach a copy of the report made.	
(iii) Securities Commission		*Please attach a copy of the report made.	
(iv) Ministry of Finance		*Please attach a copy of the report made.	
(v) Others (please indicate the organization)		Name of organization: _____ *Please attach a copy of the report made.	
Date report was made:			
Status of report made:			
<b>D. DECLARATION</b>			
1	I declare that that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief.		
2	I hereby agree that the information provided herein to be used and processed for investigation purposes and further agree that the information provided herein may be forwarded to a department / authority / enforcement agency for purposes of investigation.		
Signature:			
Name:			
Date:			
<b>For Office Use Only:</b>			
Record No.:			
Officer receiving this report:			
Date:			



## WHISTLEBLOWER POLICY AND PROCEDURES

### APPENDIX B

### FORM FOR COMPLAINT OF DETRIMENTAL ACTION

**CONFIDENTIAL**

REFERENCE NO: \_\_\_\_\_

1	Name:	
2	I/C No. / Passport No.	
3	Correspondence Address:	
4	Telephone No.	Home:
		Office:
		Handphone:
5	Designation /Occupation:	
6	Preferred method of communication:	<input type="checkbox"/> mail <input type="checkbox"/> e-mail <input type="checkbox"/> telephone /sms
7	Information and particulars of Detrimental Action:	
	(i) Name(s) of Person(s) committing the Detrimental Action:	
	(ii) Detrimental Action complained of:  *Please submit supporting documents if available. *Please attach additional sheets if necessary	
<b>DECLARATION</b>		
1	I declare that that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief.	
2	I hereby agree that the information provided herein to be used and processed for investigation purposes and further agree that the information provided herein may be forwarded to another department / authority / enforcement agency for purposes of investigation.	
<b>Signature :</b>		
<b>Name:</b>		
<b>Date:</b>		
<b>For Office Use Only:</b>		
Record No.:		
Officer receiving this report:		
Date:		