Please provide the following details for any suspected misconduct or any breach or suspected breach of law or regulation that may adversely impact the Company. Please note that you may be called upon to assist in the investigation, if required. Please follow the guidelines as laid out in the Whistle-blowing Policy.

*Note: Please email the complete form to confirdential@vivocom.com.my*

Top of Form

|  |  |  |
| --- | --- | --- |
| **Reporter’s Contact Informatio*n*** | | |
| Name |  | |
| I/C No. / Passport No. / Staff No. |  | |
| Correspondence Address |  | |
| Telephone No. | Home |  |
| Office |  |
| Mobile |  |
| E-mail Address |  | |
| Designation / Occupation |  | |
| Division / Section / Unit / Branch |  | |
| Preferred method of communication | Mail E-mail Telephone/SMS | |

Bottom of Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Suspect’s Information** | | | |
|  | | | |
| **Individual 1** | | | |
| Name |  | | |
| Designation |  | | |
| Division / Section / Unit / Branch |  | | |
| Contact Number |  | Email Address |  |
| How do you know this employee? |  | | |
|  | | | |
| **Individual 2** | | | |
| Name |  | | |
| Designation |  | | |
| Division / Section / Unit / Branch |  | | |
| Contact Number |  | Email Address |  |
| How do you know this employee? |  | | |
|  | | | |
| **Individual 3** | | | |
| Name |  | | |
| Designation |  | | |
| Division / Section / Unit / Branch |  | | |
| Contact Number |  | Email Address |  |
| How do you know this employee? |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of the misconduct** | | | |
| **COMPLAINT**: Briefly describe the misconduct / 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. | | | |
| What misconduct / improper activity occurred? | | | |
| Who committed the misconduct / improper activity? | | | |
| When the misconduct / improper activity occurs? And since when did you notice it? | | | |
| Where did the misconduct / improper activity happen? | | | |
| Is there any evidence that you could provide to us? | | | |
| Do you have any other details or information which would assist us in the investigation? | | | |
| If money is involved, can you estimate the amount of money involved? | | Yes | No |
| If Yes, please indicate the estimated amount of money involved (tick ✓ where applicable):  Less than RM500  RM501 to RM10,000  RM10,001 to RM50,000  More than RM50,001 | | | |
| Have you lodged a complaint on this matter to another person / department / authority before? | | Yes | No |
| If YES, please indicate the person / department / authority that the report was lodged (tick ✓ where applicable and attach copy of the report made):  Police  Malaysian Anti-Corruption Commission  Others, please indicate: | | | |
| Date when the Report was made |  | | |
| Status of report made |  | | |

|  |  |
| --- | --- |
| **Declaration** | |
| I declare that all information provided in this Form is true, correct, and complete to the best of my knowledge, information and belief. | |
| 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 |  |

|  |  |
| --- | --- |
| **For office use only** | |
| Record no. |  |
| Receipt Information | Person receiving this report: |
| Date received: |
| Acknowledgement of receipt sent on: |
| Investigation required (Yes / No)? (If No please state the reason) | |
| Investigation done by: | |
| Investigation result: | |
| Action taken / conclusion: | |
| Reported to the Board on: | |
| Signed off by: | |