



WHISTLEBLOWER FORM

Doc No: SOMS-F004 Revision: 0 Page No: 1 of 4

Please provide the following details for any suspected serious misconduct or any breach or suspected breach of law or regulation that may adversely impact the Company and email to ethics@activesecurity.com.my

Section A: Whistleblower's Contact Information

(This section may be left blank if the whistleblower wishes to remain anonymous, and not wanting the Organisation to contact for more details nor to provide feedback on outcome of the investigation)

Name:			
Contact Number:		Email Address:	

Section B: Suspect's Information

Name:			
Functional Title:			
Division & Department (where applicable):			
Contact Number:		Email Address:	

Section C: Witness(es) Information (if any)

Name (1):			
Division & Department (where applicable):			
Contact Number:		Email Address:	
Name (2):			
Division & Department:			
Contact Number:		Email Address:	



WHISTLEBLOWER FORM

Doc No: SOMS-F004

Revision: 0

Page No: 2 of 4

Section D: 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 additional sheet of papers where needed.*

1. What misconduct / improper activity occurred?

2. Who committed the misconduct / 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 other 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?

Date:

Signature:



WHISTLEBLOWER FORM

Doc No: SOMS-F004	Revision: 0	Page No: 3 of 4
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Section D: this section is to be completed by [Whistleblowing Committee](#) of the Company.

Complaint No.		
Received By:	Received On:	
	Acknowledgement Sent On:	
Risk involved:		
<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Describe the risk(s) and Risk Appetite, Risk Tolerance and Risk Approach.	
Investigation Required (Yes/No)? (If no, please state the reason)		

Section E: this section is to be completed by [Top Management](#) of the Company.

Top Management Decision:

<input type="checkbox"/> Dismissed	
<input type="checkbox"/> Investigation is required	
<input type="checkbox"/> Other remarks	

Signed by and Date:



WHISTLEBLOWER FORM

Doc No: SOMS-F004

Revision: 0

Page No: 4 of 4

Investigation Results:

Action Taken / Conclusion:

Signed by and Date:

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