

 WHISTLEBLOWER REPORTING FORM	TMDA/DG/LS/F/001 Rev No: 00
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Please provide the following details for any suspected serious misconduct or any breach or suspected breach of TMDA Act or regulation that may adversely impact TMDA. Please note that you may be called upon to assist in the investigation, if required.

Note: Please follow the guidelines as laid out in the Whistleblowing Policy

REPORTER'S CONTACT INFORMATION (This section may be left blank if the reporter wish to remain anonymous)	
NAME	
DESIGNATION	
DEPARTMENT/AGENCY	
CONTACT NUMBER	
E-MAIL ADDRESS	
SUSPECT'S INFORMATION	
NAME *	
DESIGNATION	
DEPARTMENT/AGENCY *	
CONTACT NUMBER	
E-MAIL ADDRESS	
WITNESSES'S INFORMATION (if any)	
NAME	
DESIGNATION	
DEPARTMENT/AGENCY	
CONTACT NUMBER	
E-MAIL ADDRESS	
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.	
1. What misconduct / improper activity occurred or likely to occur? *	
2. Who committed or is planning to commit the misconduct / improper activity? *	
3. When did it happen and when did you notice it? *	

4. Where did it or is likely to happen?*	
5. Is there any evidence that you could provide us? If yes please attach	
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 or recommendations for mitigation?	
Date:	Signature:
Note: <ol style="list-style-type: none">1. <i>All information disclosed shall be treated confidentially</i>2. <i>In case of any form of victimization, harassment or retaliation, the whistleblower shall report to the Director General whom shall take appropriate disciplinary action to protect the whistleblower</i>3. <i>The civil and criminal liability shall not be imposed against the whistleblower</i>4. <i>Feedback shall be provided to all whistleblowers</i>	