

H&A Medical Supply

WHISTLE-BLOWING REPORTING FORM

Kindly use this form to report any serious concerns that you may have over malpractice or misconducts (inclusive of bribery activities) involving employees of **H&A** and email the form with relevant supporting evidence to xxxxxxxxxxxx

WHISTLE BLOWER'S INFORMATION	
Name	
Contact number	
E-mail address	

CONSENT TO DISCLOSE
I agree / disagree (<i>circle either one</i>) to my name being disclosed if required under the provision of the law.

DETAILS OF MALPRACTICES	
Name of suspect(s)	
Department	
Nature of malpractice(s)	
Date occurred	
Is there any evidence that could be provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there any witness whom could assist in the investigation? If yes, kindly provide the following:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of witness:	_____
Contact details:	_____

TO BE FILLED BY COMPLIANCE FUNCTION COMMITTEE	
Received By	
Date Received	