

APPENDIX 2**WHISTLEBLOWER DISCLOSURE FORMAT**

Name:		NRIC No.:	
Phone No.:		Email:	
Employee No.: (for staff only)		Department:	
Details of Allegation			
Person(s) Involved:			
Location:			
Date and Time:			
Incident/Details of Allegation:			
How Incident Was Detected:			
Evidence Available:			
Concern and/or Potential Impact of Allegation:			
Declaration:			
I hereby declare that the information provided herein is true to the best of my knowledge and belief and I have made this disclosure voluntarily. I understand that the MRCBGK will use the information provided for the investigation process.			
.....			
Name:			
Date:			