

Whistleblowing Lodgment Form

Part A (Information to be provided by Whistleblower)

Whistleblower Information			
Name			
Designation		Department	
Company Name			
Allegation Details			
Individual			
Designation		Department	
Company Name			
Incident Date		Incident Time	
Incident Location			
Allegation Details			
Type of Allegation	<input type="checkbox"/> Fraud <input type="checkbox"/> Compliance Violations <input type="checkbox"/> Theft <input type="checkbox"/> Others (please indicate)		
Other Parties Involved			
Have you been a Whistleblower before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Preferred method of communication and details <i>(choose at least one)</i>	<input type="checkbox"/> Phone	Phone number	
	<input type="checkbox"/> Email	Email address	

Part B: Do not fill in

For office use only			
Case number			
Case status	Proceed	Closed	Not Substantiated
Reason			
Investigator			

Please attach this form in your email to whistleblowing@edgenta.com together with relevant supporting documents.