

WAMCO Whistleblower Disclosure Form

Whistleblower's Contact Information – Optional

This section is optional depending on whether the Whistleblower chooses anonymous disclosure. However, the whistleblower is encouraged to fill in the preferred method of contact in order for WAMCO to be able to provide updates on the disclosure.

Whistleblower's Information	
Name	
Designation	
Supervisor	
Department	
Email Address	
Contact Number	
Address	

☐ I authorise for the information provided to be used to investigate possible wrongdoings

☐ I would like to be updated on the progress of the report

Preferred Method of Contact (e.g. Phone, Email, etc)	
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Witness's Information (if any)	
Name	
Designation	
Supervisor	
Department	
Email Address	
Contact Number	
Address	

*Note: Please attach appendix if there is more than one witness.

Reporting of Alleged Misconduct

Kindly provide as much information as possible about the wrongdoer and the alleged misconduct or any relevant information, as this will assist with the investigation.

Subject's contact information and wrongdoing information – Required

*Note: Please attach appendix if there is more than one alleged wrongdoer.

Wrong-doer's Information	
Name	
Designation	
Supervisor	
Department	
Office Location	
Email Address	
Contact Number	
Address	

Nature of Disclosable Matter	
What occurred	
How did the Alleged Wrongdoing occur	
When did the Alleged Wrongdoing occur	
Detailed description of alleged wrongdoing	
Any Evidence to support the information provided	
Any other details to assist in the investigation	
Any other Comments	
Signature of Whistleblower:	Date of Report:

A. Whistleblower Form Review

Details of Recipient	
Review Date	
Date Communicated to Whistleblower Investigation Officer	

1. Investigation of the Alleged Wrongdoing

Findings of Preliminary Investigation

Timeframe and Resources Required for Further Investigation

Interview with Whistleblower (if applicable)

Interview with any Witnesses (if applicable)

Interview with Alleged Wrongdoer (if applicable)

Interview with Business Unit Manager and Other Relevant Business Units

Documentary Evidence of the Alleged Misconduct

Complete Findings of Investigation (Including procedure and outcome of the investigations, and any action taken)

Systemic Issues or Trends Identified (if any)

Date Investigation was Concluded	
Date Communicated to Whistleblower (if applicable)	
Date Register was Updated	

Signature of Eligible Recipient:

Signature of
Whistleblower Investigation Officer:
