



FEDERATION OF MALAYSIAN MANUFACTURERS

WHISTLEBLOWING REPORTING FORM

CONTACT INFORMATION:

Name:						
NRIC / Passport No.:						
Employee No. (if applicable)						
Contact numbers:	Office:		Mobile:		House:	
Email:						

DETAILS OF DISCLOSURE

Include background and history of the concern including dates and location, reason for concern and identity of the person(s) committing the alleged wrongdoing. Include supporting documents, witnesses or evidence to substantiate your disclosure (if any) to facilitate investigation. If information in the whistleblowing report is insufficient, it may impede the investigation and resolution of the concern raised.

I have read and understood the Whistleblowing Policy. I affirm that all information submitted in my whistleblowing report is true to the best of my knowledge and agree to extend my full cooperation to Federation of Malaysian Manufacturers (FMM) in their investigation of my complaint.

(Signature)

Name:

Date: