

## **APPENDIX**

### **WHISTLEBLOWING REPORTING FORM (BORANG PELAPORAN PEMBERI MAKLUMAT)**

Please provide the following details for any suspected misconduct, wrongdoing or impropriety that may adversely impact the LINC. This Whistleblowing Report must be submitted directly to the persons named in the LINC's Whistleblowing Policy.

#### **A. DETAILS OF WHISTLEBLOWER (BUTIRAN PEMBERI MAKLUMAT)**

##### **A. MAKLUMAT INDIVIDU YANG MEMBUAT ADUAN**

*"Details of Whistleblower (Butiran Pemberi Maklumat).*

*Whistleblowers may choose to remain anonymous, i.e. without providing details. However, anonymous Whistleblowers are encouraged to provide an email address or other contact information to facilitate proper investigation/Pemberi maklumat boleh memilih untuk membuat laporan tanpa nama, (tanpa butiran). Walaubagaimanapun, Pemberi Maklumat digalakkan untuk memberikan alamat e-mel atau maklumat hubungan lain untuk memudahkan penyiasatan".*

**Name / Nama**

**Designation / Jawatan**

**Company / Syarikat**

**Location / Lokasi**

**Telephone Number /**

*Nombor telefon*

**E-mail address /**

*Alamat e-mel*

## **B. COMPLAINTS / ADUAN**

Please describe the nature of your complaint. Include the details of the party or parties involved, witness(es), date(s), time(s), location(s) etc. and any other relevant details. Please use additional papers, **if** necessary / *Sila huraikan aduan anda. Sertakan maklumat mengenai pihak atau pihak-pihak yang terlibat, saksi, tarikh, masa kejadian, tempat kejadian dsb. serta maklumat-maklumat lain yang berkenaan. Sila gunakan kertas tambahan sekiranya perlu.*

Please state and attach documents and other evidence to support your complaint, if any. / *Sila nyatakan dan kepilkan dokumen dan bukti-bukti lain bagi menyokong aduan anda, sekiranya ada.*

**C. DECLARATION / DEKLARASI** (Not applicable for Anonymous Reporting/Tidak berkenaan untuk Laporan Tanpa Nama)

I hereby declare that this complaint is made voluntarily and that to the best of my knowledge, the details and information provided are true. / Saya mengesahkan bahawa aduan ini dibuat dengan secara sukarela dan disepanjang pengetahuan saya, maklumat yang diberi adalah benar.

Signature / Tandatangan

Date / Tarikh

Name / Nama

IC No. / No. KP

Witness to this declaration (if any)/Saksi kepada pengesahan ini (sekiranya ada)

Signature / Tandatangan

Date / Tarikh

Name / Nama

IC No. / No. KP

**D. FOR OFFICIAL USE BY THE COMPANY**

Date received

Nature of complaint (please /)

Whistleblowing complaint

Others

.....

(1) Remark by Director :

Signature:

Date:

.....

Name:

.....

(2) Remark by Director :

Signature:

Date:

.....

Name:

.....

(3) Remark by Company Secretary:

Signature:

Date:

.....

Name:

.....