Lot 1, Jalan Pelabur 23/1, Section 23, 40300, Shah Alam, Selangor, Malaysia. Tel: 603-5542 3566 Fax: 603-5542 0131

## WHISTLEBLOWER REPORTING FORM

Please provide the following details for any suspected Misconduct and submit directly to the Whistleblowing Committee (WBC). Please note that you may be called upon to assist in the investigation, if required.

Whistleblower's Contact Information			
Name:			
Contact Number:	Email Address:		
Suspect's Information			
Name:			
Functional Title:			
Division & Department (where applicable):			
Contact Number:	Email Address:		
Witness(es) Information (if any)			
Name (1):			
Division & Department (where applicable):			
Contact Number:	Email Address:		
Name (2):			
Division & Department:			
Contact Number:	Email Address:		



## BJC Foods (Malaysia) Sdn Bhd

Registration No. 198401002611 (115128-A)

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Complaint:  Briefly describe the Misconduct and how you know about it. Specify what, who, when, where and how. If there is more than one allegation, number each allegation and use as many pages as necessary.			
1) What was the Misconduct which had occurre	ed?		
2) Who had committed the Misconduct?			
3) When did it happen and when did you notice it?			
4) Where did it happen?			
5) Is there any evidence that you could provide?			
6) Are there any other parties involved other than the suspect stated above?			
7) Do you have any other details or information which would assist us in the investigation?			
8) Any other comments			
Date:	Signature:		



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For Whistleblowing Committee Use	Complaint No.	
Received By:	Received On:	
	Acknowledgement Sent On:	
Investigation Required (Yes/No)? (If no, please state the reason)		
Investigation To Be Done By:		
Investigation Results:		
Action Taken/Canalysians		
Action Taken/Conclusion:		
Signed Off By:		