

Form No.: SSB/IMS/FRM/47

Rev. No.: 00



Sabah Softwoods Berhad

ATTACHMENT 1

**WHISTLEBLOWING REPORT
LETTER**

If a report is made by way of letter, it should be sealed properly and marked “**(STRICTLY CONFIDENTIAL - TO BE OPENED BY THE ADDRESSEE ONLY)**” on the envelope to ensure that no one else except the addressee as stated on the envelope opens it.

(STRICTLY CONFIDENTIAL - TO BE OPENED BY THE ADDRESSEE ONLY)

Stamp

**Sabah Softwood Berhad,
KM 8 Jalan Sin San,
P.O.Box 60966 Pasir Putih Tawau,
91019 Tawau, Sabah, Malaysia.**

Attention: Integrity & Governance Unit



WHISTLEBLOWING REPORT
E-FORM

CONFIDENTIAL

REFERENCE NUMBER: _____

A.	PERSONAL PARTICULARS OF WHISTLEBLOWER		
1	Name:		
2	I/c No. / Staff No.:		
3	Correspondence Address:		
4	Telephone No.:	Home: Office: Mobile:	
5	Email Address:		
6	Designation / Occupation:		
7	Preferred method of communication:	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone	
B.	INFORMATION OF EMPLOYEE(S) INVOLVED IN IMPROPER CONDUCT		
	Individual 1		
1	Name of employee:		
	Designation / position of said employee in Sabah Softwoods Berhad.:		
	How do you know this Sabah Softwoods Berhad employee?		
	Individual 2		
2	Name of employee:		
	Designation / position of said employee in Sabah Softwoods Berhad:		
	How do you know this Sabah Softwoods Berhad employee?		
	Individual 3		
3	Name of employee:		
	Designation / position of said employee in Sabah Softwoods Berhad:		
	How do you know this Sabah Softwoods Berhad employee?		



Sabah Softwoods Berhad

C. DETAILS OF CORRUPT ACT, BRIBERY & UNETHICAL BUSINESS PRACTICES	
Date: Time: Place:	
Details of corrupt act, bribery & unethical business practices: Details of Witnesses (if any): *Please submit supporting documents if available. *Please attach additional sheets if necessary.	
Have you lodged a complaint on this matter to another person / department/ authority before?	(cross X where applicable)
	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
If YES, please indicate the person / department/ authority that the report was lodged: (cross X where applicable)	
Date report was made:	
Status of report made:	
D. DECLARATION	
1	I declare that all information provided in this form is true, correct and complete to the best of my knowledge, information and belief.
2	I hereby agree that the information provided herein to be used and processed for investigation purposes and further agree that the information provided herein may be forwarded to another department/ authority/ enforcement agency for purposes of investigation.
Signature: Name: Date:	
For Office Use Only:	
Record No.:	
Officer receiving this report:	
Date:	