

BAB Whistleblowing

Disclosure Sheet

1. Title/Subject:	
2. Date :	
3. Please select the disclosure level relating to your personal details:a) Anonymous: the reporter remains completely anonymous; orb) Confidential: The reporter gives details and it is used in the report.	
If you select option (b) please provide the following information:	
Name:	_
Position:	-
Department:	_
Staff ID:	_
4. Kindly explain on the allegation:	
5 Witnesses:	