



# WHISTLEBLOWING POLICY COMPLAINT/DISCLOSURE FORM

EXH.01

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STRICTLY CONFIDENTIAL



## COMPLAINT/DISCLOSURE FORM

NOTE: PLEASE PROVIDE DETAILED INFORMATION AS MUCH AS POSSIBLE

COMPLAINANT'S INFORMATION				
NAME:		OFFICE ADDRESS:		
SIGNATURE / DATE	EMPLOYEE NO.	E-MAIL ADDRESS:		
COMPANY / DEPARTMENT	DESIGNATION	PHONE NO.	MOBILE NO.	FAX NO.
INFORMATION CONCERNING THE COMPLAINT				
<i>What is the major issue involved?</i>				
<input type="checkbox"/> Violations of Corporate Governance Rules <input type="checkbox"/> Financial and Procedural Malpractice <input type="checkbox"/> Violations of the Code of Discipline <input type="checkbox"/> Others (Please specify)				
<i>What happened? (Please attach additional sheet(s) if necessary)</i>				
<i>How did you know about the subject of the complaint(s)?</i>		<i>Please indicate the physical evidences/ documentations that may support your disclosure.</i>		
<input type="checkbox"/> Personal or direct knowledge		Documents attached:		No. of Pages
<input type="checkbox"/> Others have told me about it		1.		
<input type="checkbox"/> Others (Please specify)		2.		
		3.		
<i>Who is/are the person(s) involved? (Respondent/s) (Please attach additional sheets if necessary)</i>				
NAME	DESIGNATION	COMPANY	DIVISION / GROUP / DEPT.	NATURE OF INVOLVEMENT
<i>Who is/are the possible Witness(es)? (Please attach additional sheets if necessary)</i>				
NAME	DESIGNATION	COMPANY	DIVISION / GROUP / DEPT.	NATURE OF INVOLVEMENT
<i>When did the incident take place?</i> Date/Time/Frequency				
<i>Since when has this been occurring?</i>		<i>Location of evidence:</i>		
<i>How much is involved? Please provide an approximate figure.</i>				
<i>Why are you making this disclosure? (Please attach additional sheet if necessary)</i>				
DISCLOSURE HISTORY		PLEASE ADVISE ON HOW WE MAY CONTACT YOU		
<i>Was the disclosure previously reported to a management level? If yes, to whom was it reported?</i>		<input type="checkbox"/> BY PHONE		
<i>What do you think was the reason for lack of immediate action?</i>		<input type="checkbox"/> THROUGH E-MAIL		
		<input type="checkbox"/> OTHERS (SPECIFY)		