



WHISTLEBLOWING REPORTING FORM

Name:		NRIC No.:	
Phone No:		Email Address:	
Employee No:		Department:	
Details of Allegation			
<p>Person(s) Involved:</p> <p>Location:</p> <p>Date and Time:</p> <p>Incident/Details of Allegation:</p> <p>How Incident Was Detected:</p> <p>Evidence Available:</p> <p>Concern and/or Potential Impact of Allegation:</p> <p><b>Declaration:</b></p> <hr/> <p>I hereby declare that the information provided herein is true to the best of my knowledge and belief and I have made this disclosure voluntarily. I understand that Amanat Lebuhraya Raya Berhad (ALR) Group will use the information provided for the investigation process.</p> <p>.....</p> <p>Name:</p> <p>Date:</p>			