

WHISTLEBLOWER COMPLAINT FORM

The EWT will treat all disclosures in a confidential and sensitive manner. The process has been designated to protect your identity when communicating your concerns. This whistleblower form allows you the opportunity to provide your name and contact details as this information may assist us in investigating your concerns. Should you not wish to provide your name, reported incidents will still be accepted and investigated as appropriate.

Instructions:

Kindly provide as much details as possible. If you wish to remain anonymous, do not include your personal information and submit the form electronically.

1. Full names of the person you suspect of wrongdoing
2. Designation and department of the suspected person
3. Incident Date & Time
4. Location of the incident (<i>if applicable</i>)

WHISTLEBLOWER COMPLAINT FORM

5. Please describe the nature of your concerns regarding financial and/or operational matters. Include sufficient information for an independent person to understand the concern and enable further investigation.

6. Other parties involved/witnesses to the incident

7. Supporting evidence (*attached separate pages if required*)

8. Would you be willing to provide your name and contact information? (Please note this is optional) if yes, kindly provide your name and contact information

9. Would you like to arrange a meeting/ telephone call with the investigating officer to discuss the matter? (*Please note this option is only open to individuals who chose to provide their details*)