

**COMPLAINT / INFORMATION FORM
INTEGRITY AND GOVERNANCE UNIT**

Complaint No. :

Date :

Time :

COMPLAINANT (The Information and Identity will be kept CONFIDENTIAL)

Complaint Category : Employee ASB / Public Person / Client / Base User / Vendor / Anonymous *

Name (Encourage) :

Identification Card No. :

Passport No. :

Race :

Age :

Gender :

Nationality :

Telephone No. :

E-mail :

Correspondence Address :

Position :

Company :

* Cross which is irrelevant

COMPLAINT INFORMATION

Name of Accused :

Position :

Company :

Date of Occurrence :

Time of Occurrence :

Misconduct :

How It Is Done :

Why It Is Done :

Purpose for Reporting :

Supporting Document : YES / NO *

Have you lodged a complaint on this matter to another person / department / authority before?

YES

NO

If YES, please indicate to the person / department / authority that the report was lodged:

Police

Malaysian Anti Corruption Commission

Others (Please stated) :

DECLARATION

I declare that all information in the form is true, correct and completely the best of my knowledge, information and belief;

AND

I hereby agree that the information provided herein to be used and processed for investigation purposes and further agree that the information provided here in may be forwarded to a department / authority / enforcement agency for purposes of investigation.

Signature of Complainant

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Name
(Encourage) :

Date :

THIS COLUMN MUST BE FILLED IN BY THE RECIPIENT OF THE COMPLAINT / INFORMATION

Complaint / Information received through:

	Directly from Complainant		Integrity Complaint System
	Integrity Officer		Head of Department
	Documents from MACC		Auditor General's Report
	Government Department Official Letter		Email and Facsimile
	Telephone		Social media
	Mass Media		Anonymous
	Internal and External Audit Report		Internal Document

Signature of Recipient

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Name :

Date :