



KEHPCA WHISTLE-BLOWING FORM FOR REPORTING A CONCERN

YOUR DETAILS

Name: (OPTIONAL: Please leave blank if you want to be anonymous)
Email: (OPTIONAL: Please leave blank if you want to be anonymous)
Telephone: (OPTIONAL: Please leave blank if you want to be anonymous)

1. *What incident would you like to report?*

- Fraud, embezzlement, or financial irregularities
- Corruption, bribery, or kickbacks
- Safety or environmental violations
- Discrimination or harassment
- Unethical behaviour or conflicts of interest
- Violation of laws, regulations, or internal policies
- Other, please specify

2. *Who committed the misconduct?*

3. *When was the misconduct committed? Day Month YEAR* (Please indicate all the days, Months and year if the incident of concern occurred more than one day)

4. *Where did it happen?*

5. *What happened?*

6. *What evidence is available on the reported concern? How is it accessible? (Upload alongside the form)*

5. *Which other contacts were involved besides yourself and the reported suspect(s)?*

7. *What other extra information would you like to share that may help with the investigation?*

8. *What is your expectation from reporting the concern?*