

## BAM's Whistleblower Report Form

**Note:**

By filing this report, the individual will have consented to taking part in actions to follow. The BAM recognises and respects fully the concern of anonymity and confidentiality, and therefore, will take every effort to keep personal information confidential and anonymous. However, please keep in mind that some information on the case will need to be shared with others in order for the report to be properly investigated.

TELL US ABOUT YOU			
<p><b>Anonymity:</b> Any person can request to stay anonymous by marking the box and such request will be respected by the BAM. Should you wish to remain anonymous, we still request that you complete the "email" section in order that further communication can be made with you.</p>	<p>I wish to remain anonymous:</p> <p style="text-align: right;">YES     <input type="checkbox"/></p> <p style="text-align: right;">NO        <input type="checkbox"/></p>		
<b>Last Name:</b>		<b>First Name:</b>	
<b>ID/Passport No:</b>		<b>Citizenship:</b>	
<b>State:</b>		<b>City:</b>	
<b>Contact Number:</b>		<b>E-mail:</b>	
TELL US ABOUT THE INDIVIDUAL OR ENTITY YOU WANT TO REPORT			
<b>Name of Individual or Entity:</b>			
<b>City:</b>		<b>State:</b>	
<b>Any Contact Information (if available):</b>			
TELL US ABOUT THE CASE			
Please describe the following in as much detail as possible			
<b>What happened?</b>			
<b>How did it happen?</b>			
<b>Where did it happen?</b>			

When did it happen?			
Do you think or know it will happen again? When and where will it happen again?			
Which other people know of this offense and could have additional information about it?			
Do you have any evidence material relating to the offense?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Can such evidence material be made accessible to the BAM?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How can the evidence material be made available to the BAM?			
Please make a list of evidence material available			
Any other information about the offense?			
Signature: Full Name: Date:	.....		
<b>FOR OFFICE USE:</b>			
Date:		Time:	

**Guidelines:**

- This form must be sent to the Chairman of BAM's Rules, Disciplinary & Integrity Committee via e-mail: [integrity@bam.org.my](mailto:integrity@bam.org.my).

- If personal information has been shared, the information will not be disclosed to persons beyond those responsible for investigating the complaint, unless with the explicit written consent from the complainant.
- Reports will, in general, be treated as confidential until reasonable certainty has been established that the reported offence can be proven correct.

**ANY REPORTS OF ANY OFFENCE MADE BY ANYONE WITH THE KNOWLEDGE THAT THE OFFENCE IS BELIEVED TO BE FALSE/MALICIOUS/FRIVOLOUS/VEXATIOUS OR NOT REPORTED IN GOOD FAITH IS CONSIDERED UNACCEPTABLE. THE BAM RESERVED ITS RIGHT TO TAKE NECESSARY ACTIONS AGAINST ANY PERSON WHO WERE FOUND TO PROVIDE SUCH REPORTS.**