WHISTLEBLOWER FORM

You should raise any concern on any improper conduct or wrongful act that is committed within HL Group. Any grievance of a personal nature should be raised through the HR grievance procedures and not through this Whistleblower Form.

YOUR FULL NAME		
NAME OF YOUR EMPLOYER		
YOUR STAFF ID (*if an employee of HL Group*)		
YOUR DEPARTMENT		
YOUR POSITION / DESIGNATION		
YOUR CONTACT DETAILS	**Address:**	**Telephone:**
		Email:

DETAILS OF YOUR CONCERNS (please provide as much information as possible)
DESCRIPTION OF IMPROPER CONDUCT: (use the additional information sheet, if necessary)
WHERE DID THE IMPROPER CONDUCT OCCUR?
WHEN DID THE IMPROPER CONDUCT OCCUR?
NAME AND POSITION OF PERSON(S) INVOLVED:

DETAILS OF ANY WITNESS(ES):
DID YOU REPORT THE IMPROPER CONDUCT TO ANY AUTHORITIES? IF YES, PLEASE GIVE DETAILS:
SUPPORTING DOCUMENT(S) ATTACHED (Please tick)? Yes ● No ○

ADDITIONAL INFORMATION SHEET

ANY ADDITIONAL INFORMATION:
Provide any further details you think may be relevant, for example, whether you approached the person(s) concerned, any financial impact to HL Group, etc.