

**NORTHEAST GROUP BERHAD 202201025913 (1471610-P)
WHISTLE BLOWING POLICY**

APPENDIX II

WHISTLE BLOWING REPORTING FORM

PART A: To be completed by individual raising a concern			
1. Details of Whistle Blower			
	Name: *		
	Contact no.: *	(H)	(O) (M)
	Email: *		
2.			
	Issue Raised: *		
	Nature of the Concerns: *		
	Background, Date and History of the Concerns: *		
	Identity of the Person Engaged in Improper Conduct: *		
	Reasons for the Concerns: *		
	Details of Evidence and Witnesses: *		
	Whether Action Has Already Been Taken and By Whom: *		
	Whether Whistle Blower Has Any Personal Interest in the Matter Reported: *		
	Submitted by: Name: * Date : * Time : *	Received by: Name: Date : Time :	
PART B: To be completed by Investigator/ Investigating Officer			
3.	Additional information:		
4.	Investigation of Concern/ Steps Taken to Address the Concern:		
5.	Findings:		
6.	Recommendations:		
7.	Preventive Measures to be Taken:		
	Prepared by: Name: Date : Time :		