

自信自强 INDEPENDENCE 格致创新 INNOVATION 驰骋寰宇 INTERNATIONALISM

Appendix A

Hwa Chong International School Whistle-Blower Report Form					
Whistle-blower's Details					
(This section may be left blank if the whistle-blower wishes to remain anonymous)					
Name, Designation, Department/0	Charity, Contact number and E-mail address				
Can you be contacted for more information? (**Delete where appropriate)					
** YES / NO					
Alleged Party's Details					
Name, Designation, Department,	Contact number and E-mail address				
Witness' Details (If any)					
Name, Designation, Department/Charity, Contact number and E-mail address					
Concern/Complaint					
1. What misconduct occurred?					
2. Who committed the misconduc	t?				
3. When did it happen and when did you notice it?					
4. Where did it happen?					
5. Have you approached the person? If yes, what did he/she say?					
6. Is there any evidence that you could provide us?					
7. Were other people involved? If yes, who are they?					
8. Do you have any other details or information which would assist us in the investigation?					
0.11	internally and harved any other phantal 200				
9. Have you reported the incident internally or through any other channels? If yes, please provide the details.					
Date:	Signaturo				
Date:	Signature:				