



Whistle-Blowing Reporting Template

Name & Father Name: _____

Employee ID (if applicable): _____ Designation: _____

Department: _____

Contact Information _____

Communication Source for feedback _____

Date of Report: _____

Subject of Concern: _____

Description of the Incident: _____

Person/ Persons Involved: _____

Supporting Documents Attached (Yes/ No): _____

Have you reported this concern to anyone else? If yes, please specify: _____

Signature (Optional): _____

28 Oct 2025