

Appendix A – Whistleblowing Policy

WHISTLEBLOWER REPORTING FORM

Strictly Confidential

(Note: You may choose to submit the report anonymously)

A. Person making this report (optional) (If you do wish to remain anonymous you may skip the items in Part A)	
Name	
Division	
Tel. no.	
Email	

B. Particulars of individual(s) involved in the allegation	
Name of individual <i>(to indicate "third party" if the person is not an employee)</i>	
Relationship to the complainant <i>(optional)</i>	
Address	
Tel. no.	
Email	

C. Details of Allegations (Please fill in the details of what you wish to report below. Please try and provide as much details as possible as this will aid us in investigation your case)	
Type of incident/transaction	
Date, time and place of the incident/transaction	
The act of improper conduct and amount involved <i>(if applicable)</i>	
No. and names of individuals involved	
Other information	
Please provide supporting documents if available. Please attach extra sheets if necessary.	

D. Description of reason for suspicion

(Please fill in the details of what you wish to report below. Please try and provide as much details as possible and any supporting documentation as this will aid us in investigation your case)

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Declaration:	<p>1. I declare that that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief.</p> <p>2. I hereby agree that the information provided herein to be used and processed for investigation purposes and further agree that the information provided herein may be forwarded to another department / authority / enforcement agency for purposes of investigation.</p>	
Signature of the reporting person <i>(optional)</i>		Date:
Name: <i>(optional)</i>		
Have you a lodged a complaint on this matter to another person and/or department and/or authority?	Yes / No	
If yes, please name the person and/or department and/or authority.		

Submit this form to the email: whistleblowing@stfresources.com