

Whistleblower Policy Agreement Form

1. Personal Information

Full Name

Department / Position

Email Address

2. Whistleblower Disclosure

Describe the incident or issue to report:

3. Agreement & Declaration

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I declare that the information provided is true and accurate to the best of my knowledge.

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I acknowledge and accept the terms of the whistleblower policy and agree to maintain confidentiality as required.

Signature

Date