## Annex 1

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| 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/Charity, Contact number and E-mail address | |
| Can you be contacted for more information? | |
| 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** Describe the misconduct and how you have come to know about it | |
| 1. What misconduct occurred? | |
| 2. Who committed the misconduct? | |
| 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 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? | |
| 9. Have you reported the incident internally or through any other channels? If yes, to whom have you made the report? | |
| Date: | Signature: |

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| This form or the above information may be submitted to The Chairman, Sembawang Family Service Centre Management Committee through any or all of the following: | | |
| (a) Electronic form via SFSC’s website: www.sfsc.org.sg | (b) Email: [whistleblow@sfsc.org.sg](mailto:whistleblow@sfsc.org.sg) | (c) Postal Mail:  The Chairman  Sembawang Family Service Centre Management Committee  Blk 326 Sembawang Crescent #01-52  Singapore 750326 |