**Whistleblowing Complaint Form**

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| **PSC INSURANCE (EUROPE) LTD** |
| **MANAGER NAME:** |  | **MANAGER EMAIL:** |  |
|  |
| **COMPLAINANT DETAILS** *(Leave blank if wishes to remain anonymous)***:** |
| **NAME:** |  | **POSITION:** |  |
| **DEPT:** |  | **EMAIL:** |  |
| **DIRECT DIAL:** |  | **MOBILE:** |  |
|  |
| **INCIDENT INFORMATION:** |
| **DATE/TIME OR PERIOD OF INCIDENT:** |
|  |
| **DESCRIPTION OF INCIDENT:** |
|  |
| **PERSON/S INVOLVED:** |  |
| **DATE REPORTED:** |  |
| **REPORTED TO:** |  |
|  |
| **INVESTIGATION INFORMATION & OUTCOME:** |
| **INVESTIGATOR:** |  |
| **DETAILS OF INCIDENT INVESTIGATION:** |
|  |
| **WAS ALLEGATION/S CONFIRMED?** | YES/NO |
| **DETAILS OF ACTIONS TAKEN AND INVESTIGATION OUTCOMES:** |
|  |

**NAME OF COMPLAINTANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF COMPLAINTANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF INVESTIGATOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF INVESTIGATOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_