



TELUS To Improve REPORTING FORM

Report Ref No:

Please provide the following details for any suspected misconduct or improper activity that may adversely impact Ministry of Health (MoH) and submit directly to Internal Audit, MoH at **Internal Audit, 1st floor, Central Block, Ministry of Health, Jalan Menteri Besar, Bandar Seri Begawan BB3910, Brunei Darussalam** or internal.audit@moh.gov.bn with the subject marked as ‘Telus’.

Please note that you may be called upon to assist in the investigation, if required.

Note: Please follow the guidelines as laid out in *Telus To Improve: Ministry of Health’s Whistleblowing Policy and Procedure* on www.moh.gov.bn.

REPORTING INDIVIDUAL’S CONTACT INFORMATION

NAME	
I/C NO & COLOUR	
DESIGNATION	
DEPARTMENT/UNIT	
CONTACT NUMBERS	
EMAIL	

SUSPECT’S INFORMATION (if more than one, kindly write on a separate sheet)

NAME	
I/C NO & COLOUR	
DESIGNATION	
DEPARTMENT/UNIT	
CONTACT NUMBERS	
EMAIL	

WITNESS(ES)’ INFORMATION (if any)

NAME	
I/C NO & COLOUR	
DESIGNATION	
DEPARTMENT/UNIT	
CONTACT NUMBERS	
EMAIL	



REPORT:

1	What misconduct / improper activity occurred?
2	When did it happen and when did you notice it?
3	Where did it happen?
4	Is there any evidence that you could provide us?*(kindly attach if provided) Note: * - You SHOULD NOT attempt to obtain evidence for which you do not have a right of access since reporting individuals are NOT 'investigators'.



5	Are there any other parties involved other than the suspect stated above?
6	Do you have any other details or information which would assist us in the investigation?
7	Any other comments?
To be signed by reporting individual:	
<p>I hereby declare that the matter reported was made in good faith and without malice or consideration of personal benefit.</p> <p>As such, I am thereby fully aware that if the report was not made in good faith then I am to be subjected to the appropriate disciplinary action as prescribed in the <i>Telus To Improve</i> Policy.</p>	
Signature:	
Date Report Lodged:	
For Internal Audit use only:	
Signature:	
Date Report Received:	