

For DR use only:

File No. \_\_\_\_\_

Al Rajhi Bank مصرف الراجحي



## WHISTLE BLOWER REPORT FORM

- Note: 1. Please complete the information to the extent which you are comfortable.  
2. Anonymous complaints are accepted but subject to the seriousness of the issues raised, concern will usually **NOT** be investigated.

| WHISTLE BLOWER INFORMATION                 |           |                          |
|--|-----------|--------------------------|
| Name:                                      | Position: | Division/Branch:         |
| Best Way To Reach You (Tel./Email or etc): |           | Best Hours To Reach You: |

| CONSENT TO DISCLOSE YOUR NAME   |
|---|
| Please tick in box for name disclosure consent.   |
| <input type="checkbox"/> I consent to my name being disclosed if so required under the provision of the law or for the purpose of conducting a competent investigation. |

| Please Tick In Appropriate Box  |  |
|---|--|
| <input type="checkbox"/> INFORMATION ABOUT YOUR COMPLAINT   | <input type="checkbox"/> RETALIATION MADE AGAINST ME |
| Name Of Person Your Complaint Is Against or Name of Person Who Retaliated Against You:  | Date(s) Action Occurred:                             |
| Please provide a detailed description of your complaint or retaliation made against you. You may attach additional pages if there is not enough space here: |  |

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## WHISTLE BLOWER REPORT FORM

Large empty rectangular area for providing details of the report.

Do you have witness(es)?  Yes  No

If Yes, please provide the particulars of your witnesses below:

|                      |                                      |                                |                                    |
|----------------------|--------------------------------------|--------------------------------|------------------------------------|
| Witness(es) Name(s): | Contact Details (Tel./Email or etc): | <input type="checkbox"/> Staff | <input type="checkbox"/> Non-Staff |
| Witness(es) Name(s): | Contact Details (Tel./Email or etc): | <input type="checkbox"/> Staff | <input type="checkbox"/> Non-Staff |