



WHISTLEBLOWING FORM

REF NO.	
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Column A is mandatory to be filled up if you are claiming protection under Whistleblower Protection Act 2010 and make a declaration as provided in part F. Incomplete form will not be entertained or acted upon.

A. PERSONAL DETAILS	
NAME	
MYKAD/PASSPORT NUMBER	
ADDRESS	
EMAIL ADDRESS	
PHONE NUMBER* <i>*Phone number should be current and contactable</i>	
CITIZENSHIP	
COMPANY NAME	
ADDRESS	
OFFICE PHONE NUMBER	

B. COMPANY/PERSON INVOLVED	
COMPANY/PERSON NAME	
ADDRESS	
NATURE OF OFFENCES BY THE COMPANY/PERSON	<i>*Licensees are organisation/person given the license by CAAM to operate in Malaysia aviation industry. Type of licenses are Air Service License (ASL), Air Service Permit (ASP), Ground Handling License (GHL) and Aerodrome(airport) Operating License (AOL)</i>
DESIGNATION (IF THE REPORT IS AGAINST A PERSON)	

C. INCIDENT DETAILS*	
<i>* CAAM's ability to investigate is limited to the extent of the contents of the report received and should be within CAAM's Act 788 & Civil Aviation Act 1969 (Act 3) purview</i>	
DATE	
TIME	
LOCATION	
INCIDENT DETAILS <i>Please use separate sheet if required.</i>	

D. EVIDENCE	
EVIDENCE(S) AVAILABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF EVIDENCE (S)	<input type="checkbox"/> Digital <i>(Please attached it together with this form)</i> <input type="checkbox"/> Hardcopy <i>(Please provide it by hand, mail or courier to CAAM in due course)</i>
EVIDENCE(S) ATTACHED	
<i>Please list down the evidence(s)</i>	

E. SHARING OF INFORMATION	
HAVE YOU LODGED COMPLAINT(S) OR MADE WHISTLEBLOWING REPORT(S) REGARDING THIS IMPROPER CONDUCT TO ANY OTHER ENFORCEMENT AGENCY. YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, PLEASE PROVIDE DETAILS BELOW:	
ENFORCEMENT AGENCY	
NAME OF THE OFFICER	
CONTACT DETAILS	
DATE OF THE REPORT	

F. WHISTLEBLOWER PROTECTION	
I am claiming protection under Whistleblower Protection Act 2010	
I am not claiming protection under Whistleblower Protection Act 2010	

G. DECLARATION	
I CONFIRM TO THE BEST OF MY KNOWLEDGE THAT ALL INFORMATION STATED HEREIN IS TRUE.	
I AGREE TO MAINTAIN CONFIDENTIALITY OF ALL SUCH INFORMATION THAT HAS BEEN DISCLOSED TO CAAM AND SHALL NOT FOR ANY REASONS WHATSOEVER, DISCLOSE ANY INFORMATION PERTAINING TO THIS DISCLOSURE TO ANY OTHER PERSON AFTER DISCLOSING TO THE CAAM.	
I AGREE THAT I MAY NEED TO BE CONTACTED BY THE NAMED PERSON OF CAAM, OR ANY PERSONS ACTING ON BEHALF, AND SHALL NOTIFY THE SAID DESIGNATED PERSON OR HIS/HER REPRESENTATIVES OF ANY CHANGES TO MY CONTACT DETAILS AS SOON AS POSSIBLE.	
I AGREE THAT MATTERS BEYOND CAAM'S PURVIEW AND INVESTIGATION POWERS UNDER RELEVANT LAW(S) MAY BE FORWARDED TO ANOTHER MORE APPROPRIATE ENFORCEMENT AGENCY.	
Name : _____ Signature: _____ _____ Date: _____	

Please submit the completed form to whistleblowing@caam.gov.my