



WHISTLEBLOWER POLICY

Appendix I - Suspected Improper Conduct Report Form

<b>SUSPECTED IMPROPER CONDUCT REPORT FORM</b>	<b>SICRF#</b>
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**SECTION A: INFORMATION ABOUT YOU (OPTIONAL)**

<b>Name:</b>		<b>Phone No.:</b>	
<b>Address:</b>		<b>Email:</b>	
<b>Job Title:</b>		<b>Company/Department/Unit:</b>	

**SECTION B: INCIDENT INFORMATION**

<b>Date of suspected improper conduct</b>		<b>Location of Suspected improper conduct</b>	
<b>Name of Suspected Persons</b>	(1)	<b>Employers of the Suspected persons</b>	(1)
	(2)		(2)
	(3)		(3)
	(4)		(4)

**Please provide a description of the improper conduct:**

**Do you have a personal interest?**  
If yes, please provide details.

**Do you have supporting documentation (including photos, voice recordings, videos etc) that may assist us in an investigation?**  
If YES, please email documentation to [improperconductreport@swmcol.co.tt](mailto:improperconductreport@swmcol.co.tt)

**SECTION C: SIGNATURE OF APPLICANT**

By signing this form, I declare:  
\* I have not misrepresented, concealed, or omitted any relevant information.

<b>Print Name (Block Letters)</b>	<b>Authorized Signature</b>	<b>Date</b>

**SECTION D: OFFICAL USE ONLY**

<b>Receive by</b>	<b>Date:</b>	<b>Assigned Investigator</b>



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<p><b>Action Taken:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Referred to the Audit Committee, Board</li><li><input type="checkbox"/> Referred to the Board of Directors</li><li><input type="checkbox"/> Referred to the Designated Authority</li><li><input type="checkbox"/> No action recommended</li></ul>	
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