

**APPENDIX A  
IMPROPER CONDUCT DISCLOSURE FORM**

**IMPORTANT NOTICE:**

1. All information provided via this disclosure will be managed by authorized personnel of Integrity and Governance Department, MDEC **with the strictest confidence and your identity as the whistleblower will be protected**, unless required to be disclosed under the applicable law. In order not to jeopardize the investigation, you should also keep the fact that you have made a disclosure, the nature of your concern and the identity of those involved confidential.
2. **Anonymous disclosure is not encouraged** as any follow up to ascertain the facts or to obtain further information for investigation purposes would be very difficult.
3. In order for us to conduct a thorough investigation, please provide information as accurate as possible.
4. Any disclosure **must be made in good faith** and supported by reasonable grounds and reliable information with supporting evidence or documents.

**Requirement of Good Faith**

- a. Since an allegation of improper conduct may result in serious personal repercussions for the person who has allegedly committed an improper conduct, any person who intends to lodge any report of improper conduct shall ensure that the report of improper conduct is made in good faith.
  - b. Any person making an allegation of improper conduct must have reasonable and probable grounds before reporting such improper conduct and must undertake such reporting in good faith, for the best interest of MDEC and not for personal gain or motivation.
5. A disclosure may be made if it relates to one or more of the following improper conduct/wrongdoing but not limited to:
- a. Criminal offence under the law, such as corruption, fraud, forgery, criminal breach of trust, abetting or intending to commit criminal offence
  - b. Receiving, soliciting, offering or giving, directly or indirectly, a bribe or gratification or a favour in exchange for direct or indirect personal benefits
  - c. Misuse of MDEC's funds or assets
  - d. Abuse of power or malpractice within MDEC
  - e. Serious breach of the MDEC's Code of Conduct, in particular failure to disclose a conflict of interest
  - f. Serious financial irregularity or impropriety within MDEC
  - g. Offences under the Malaysian Anti-Corruption Commission Act 2009
  - h. An act or omission which creates a substantial or specific danger to the lives, health, or safety of MDEC's employees, the public or the environment
  - i. Failure to comply with the provisions of laws and regulations where the person knowingly disregards, or does not comply with such provisions
  - j. Attempt to conceal information relating to improper conduct
  - k. Knowingly directing or advising a person to commit any of the above improper conduct.
6. MDEC employee or member of the public can submit their disclosure along with this **completed form with supporting evidence and/or documents to substantiate your disclosure** to any of the following reporting channels:

a. **Improper Conduct by MDEC's Employee**

The disclosure should be sent to the email address [mdec\\_wb@mdec.com.my](mailto:mdec_wb@mdec.com.my). Alternatively, the form may be submitted in sealed envelope marked "**Confidential**" with indicative labels "**To be opened by Head, Integrity and Governance Department only**", addressed to: Head, Integrity and Governance Department, Corporate Office, MDEC HQ, 2360, Persiaran APEC, 63000 Cyberjaya, Selangor Darul Ehsan.

b. **Improper Conduct by MDEC's Director**

The disclosure should be sent in sealed envelope marked "**Confidential**" with indicative labels "**To be opened by Chairman of MDEC Board Audit & Risk Committee only**", addressed to Chairman

of Board Audit and Risk Committee, MDEC HQ, 2360, Persiaran APEC, 63000 Cyberjaya, Selangor Darul Ehsan.

- c. Improper Conduct by MDEC's Chief Executive Officer, Head of Integrity and Governance and/or any officers of Integrity and Governance Department (IGD)

The disclosure should be sent in sealed envelope marked "**Confidential**" with indicative labels "**To be opened by Chairman of MDEC Board Integrity and Governance Committee only**", addressed to Chairman of Board Integrity and Governance Committee, MDEC HQ, 2360, Persiaran APEC, 63000 Cyberjaya, Selangor Darul Ehsan.

7. For disclosure related to associated person(s) with MDEC, but are non-MDEC employees, we recommend that you report directly to the applicable authority or law enforcement agency. Associated person includes:
- |              |  |
|--------------|--|
| Suppliers    | includes bidders, suppliers, contractors, consultants, or other service providers        |
| Recipients   | includes recipients of cash grants or sponsorship from MDEC                              |
| Participants | includes persons who participate in any of the programmes launched or undertaken by MDEC |

**PART A: PARTICULARS OF WHISTLEBLOWER**

*Note: All fields are mandatory. Any anonymous disclosure is not encouraged.*

Full Name			
Staff Number: (only applicable for MDEC employees)			
Email Address		Contact No (whichever applicable)	Home:
			Office:
			Mobile:
NRIC/Passport No			
Preferred method of communication (Please tick <input checked="" type="checkbox"/> )	<input type="checkbox"/> Email <input type="checkbox"/> Call		

**PART B: INFORMATION OF MDEC EMPLOYEE(S) AND DIRECTOR(S) INVOLVED IN IMPROPER CONDUCT**

*Note: All fields are mandatory.*

Individual 1			
1	Name of MDEC Employee / Director	:	
	Designation / Position in MDEC	:	
	How do you know this Person?	:	

Individual 2			
2	Name of MDEC Employee / Director	:	
	Designation / Position in MDEC	:	
	How do you know this Person?	:	

Individual 3			
3	Name of MDEC Employee / Director	:	
	Designation / Position in MDEC	:	
	How do you know this Person?	:	

**PART C: DETAILS OF IMPROPER CONDUCT**

**Note: All fields are mandatory. If space given is insufficient, please submit the details in a separate document as attachment. Please attach supporting evidence and/or documents to substantiate your disclosure.**

Date of event	
Time of event	
Venue / Place of event	
Details of improper conduct	
Does the improper conduct involve any transaction of money/funds? <i>(Please tick ☒)</i> If yes, please indicate the amount.	<input type="checkbox"/> Yes <input type="checkbox"/> No        Money/funds involved (MYR): _____
Have you lodged a complaint on this matter to another person/department/authority before? <i>(Please tick ☒)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  Please indicate the name of the person and his/her department/agency. Please attach a copy of the report made. _____
Date report was made	
Status of report made	

**PART D: DECLARATION**

**Note: Please read the following statements carefully and tick  all the boxes before submitting.**

<input type="checkbox"/>	I hereby declare that all information given herein are made in good faith, voluntarily, and are true to the best of my knowledge, information, and belief.
<input type="checkbox"/>	I hereby agree that I will keep confidential the information disclosed by me in this form.
<input type="checkbox"/>	I hereby agree for the information provided herein to be used for investigation purpose and further agree that the information provided herein may be forwarded to another department within MDEC /authority/enforcement agency for investigation purpose.
<input type="checkbox"/>	(Only applicable to non-MDEC employee) I hereby acknowledge that I have read and agreed to MDEC's Personal Data Protection Statement in <a href="https://mdec.my/footer-pages/personal-data-protection/">https://mdec.my/footer-pages/personal-data-protection/</a> .

<b>Name</b>		<b>Signature</b>		<b>Date</b>	
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**PART E: RECORDING DISCLOSURE**

**Note: To be completed by Authorized Personnel**

For Office Use Only:	
Reference Number	
Remarks / Action Taken	
Disclosure Recorded by and Date	

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- END OF APPENDIX A -

**APPENDIX B  
DETRIMENTAL ACTION DISCLOSURE FORM**

**PART A: PERSONAL PARTICULAR OF THE COMPLAINANT**

**Note: All fields are mandatory.**

Name			
Staff Number:			
Correspondence Address		Contact No (whichever applicable)	Home:
			Office:
			Mobile:
Designation			
Division / Department			

**PART B: DETAILS OF DETRIMENTAL ACTION:**

**Note: All fields are mandatory. If space given is insufficient, please submit the details in a separate document as attachment. Please attach supporting evidence and/or documents to substantiate your disclosure.**

Name(s) of Person(s) committing the Detrimental Action	
Detrimental Action complained of:	

**PART C: DECLARATION**

**Note: Please read the following statements carefully and tick  all the boxes before submitting.**

<input type="checkbox"/>	I hereby declare that all information given herein are made in good faith, voluntarily, and are true to the best of my knowledge, information, and belief.
<input type="checkbox"/>	I hereby agree that I will keep confidential the information disclosed by me in this form.
<input type="checkbox"/>	I hereby agree for the information provided herein to be used for investigation purpose and further agree that the information provided herein may be forwarded to another department within MDEC /authority/enforcement agency for investigation purpose.

<b>Name</b>		<b>Signature</b>		<b>Date</b>	
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**For IGD Office Use Only:**

IGD Reference Number	
Remarks / Action Taken	
Disclosure Recorded by and Date	

- END OF APPENDIX B -