

Whistleblower’s Complaint Form

Please provide the following details for any suspected serious misconduct or any breach of suspected breach of law or regulation that may adversely impact the Bank and submit directly to "Head Whistle Blowing Unit". You may be called upon to assist in the investigation, if required.

Note: Please follow the guidelines, laid down in the Whistleblower Policy.

SECTION 1 – COMPLAINT AGAINST		
Name		
Designation		
Department		
Telephone		
CNIC		
Email		
SECTION 2 - WITNESS’S INFORMATION (IF ANY)		
Name		
Designation		
Department		
Telephone		
CNIC		
Email		
SECTION 3 - COMPLAINT In the following columns, please briefly explain the misconduct / improper activity observed. Also, please intimate as how you came across about it. If there is more than one such allegation, indicate each allegation serially and use as many pages as necessary:		
S #	Information to be given	Brief Detail
a)	What misconduct / improper activity occurred?	
b)	Who committed the misconduct /improper activity?	
c)	Where did it happen?	
d)	When did it happen?	
e)	When did you notice it?	

f)	Are there any other parties involved in this?	
g)	Is there any evidence* that you can share?	
h)	Any other helpful details / info:	

Signatures

Date

* **You SHOULD NOT** attempt to obtain evidence for which you do not have a right of access since '*whistleblowers*' are '*reporting parties*' and NOT '*investigators*'.