

MIDP MISCONDUCT COMPLAINT FORM

Date and Time of Complaint* (*dd/mm/yyyy, hh.mm*)

Notice:

1. Kindly fill up all the compulsory fields as indicated by the asterisk (*) sign.
2. To enable investigation, please provide the requested information as accurately as possible.
3. The personal data collected from the Complainant will be kept confidential at all times including during the course of an investigation, and will not be disclosed without your consent.
4. By submitting the form, you hereby certify that the allegations and statements of facts set forth below are true and correct to the best of your knowledge, information, and belief and are made of your own free will.

SECTION A: DETAILS OF MISCONDUCT

1. Name of Person Alleged*

2. Capacity of Person Alleged* (*select one ONLY, based on the capacity at the time of misconduct*)

- Administration Officer Trainer Student Others

3. Designation of Person Alleged (*for Administration Officer only*)

4. Type of Misconduct (*you may select more than one, as necessary*)

- Gross Negligence Sexual Harrasment Fraud & Theft
 Physical Assault & Bullying Disciplinary Health & Safety

Others. Please specify:

5. Incident Date and Time* (*approximately, if exact date and time is unknown*)

6. Incident Location*

7. Details of Allegation(s)* (*please provide information with as much details as possible*)

8. Other Party Involved *(please list any possible victims, other alleged perpetrators, etc)*

SECTION B: DETAILS OF COMPLAINANT

1. Name of Complainant*

2. Contact Details*

3. Email Address*

4. How did you know about the alleged misconduct?* *(you may select more than one, as applicable to your situation)*

- I witnessed the misconduct being committed myself.
- I was informed by the victim(s) about what happened.
- I was informed by a third party about the incident.
- I am the victim/ one of the victims.
- I found evidence which proves/ raises suspicion about the misconduct.
- Others. Please specify: