

IIF DISCLOSURE REPORTING FORM

This form may be used by employees and 3rd parties to make a disclosure in accordance with the IIF's Reporting Policy.

Respondents Name (Compulsory)	
Manager/Team Leader you work for (applicable for employees) and company you work for (applicable for 3rd parties)	
Where you can be contacted	
Are you prepared to be interviewed?	
Nature of Offence (s) (please provide dates and brief description of events)	
Hardships faced and losses suffered by the company and/or individual where ever quantifiable:	
Details of suspected offender(s) where known	
Are external parties involved? (please supply names of people/companies involved) (applicable for employees)	
Are internal parties involved? (please supply names of employees involved with designations if known) (applicable for 3rd parties)	
Details of witnesses if any. Are they prepared to back the disclosure?	
Details of Proofs if any	
Have you raised your disclosure with your Manager/Team Leader and/or other senior management? (applicable for employees)	
Have you raised your disclosure with any of the senior management of IIF? (applicable for 3rd parties)	
If so, who has been informed, when, what was the response?	
Is the disclosure confined to one location or could it be happening elsewhere in the organization?	