

Whistleblowing External Disclosure Form



Reporting Form

WHISTLEBLOWING EXTERNAL DISCLOSURE FORM

Kindly fill in the relevant information below. If you require more space, kindly attach and annex a separate document to this document.

The completed form must be submitted **directly** and **exclusively** to the Whistleblowing Reports Unit. It should be submitted by hand, registered mail or via email on whistleblowing@mfsa.mt followed by registered mail, addressed specifically to the Whistleblowing Reports Unit ('WRU'). It is highly recommended that anyone wishing to fill out this form to make reference to the document which outlines the Whistleblowing External Procedure, located in the MFSA website. It will help you understand the procedures in place, the definitions at law, and whether or not it is appropriate to report the disclosure to the MFSA.

IMPORTANT

If you have made an internal disclosure, please indicate the reason why you are making this disclosure to the MFSA? (you **must** tick at least one)

1. no information given on internal disclosure made
2. no action taken on internal disclosure made

If you have not made an internal disclosure, please state the reason for not making an internal disclosure (indicate at least one from the below)

1. head of organisation is or may be involved
2. justified by the urgency of the matter
3. subjection to occupational detriment
4. likely that evidence will be concealed or destroyed
5. other exceptional circumstance
(please specify on the next page)

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Please provide the following details for any suspected improper practices committed by your employer or other employees within your organisation. Please note that you may be called upon to assist in the investigation, if required.

WHISTLEBLOWER'S CONTACT INFORMATION

This section may be left blank if the whistleblower wishes to remain anonymous.

Anonymous disclosures are not considered as protected disclosures, except in the exceptional circumstances outlined in the Act. Anonymous Disclosures may still be processed and they may be taken into consideration when determining whether an Improper Practice has taken place or otherwise.

NAME AND SURNAME:

ORGANISATION:

POSITION AND ROLE:

CONTACT NUMBER:

E-MAIL ADDRESS:

SUSPECT'S INFORMATION

NAME AND SURNAME:

POSITION AND ROLE:

ORGANISATION:

CONTACT NUMBER:

E-MAIL ADDRESS:

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WITNESS(ES) INFORMATION (if any)

*If there are more than three witnesses, please include their details on
as many pages as necessary.*

NAME AND SURNAME:

POSITION AND ROLE:

CONTACT NUMBER:

E-MAIL ADDRESS:

NAME AND SURNAME:

POSITION AND ROLE:

CONTACT NUMBER:

E-MAIL ADDRESS:

NAME AND SURNAME:

POSITION AND ROLE:

CONTACT NUMBER:

E-MAIL ADDRESS:

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DISCLOSURE OF IMPROPER PRACTICE

Briefly describe the improper practice and how you came to know about it. Please specify what, who, when, where and how so that we are provided with a clear a picture as possible of the matter at hand. If multiple allegations are being made, be sure to number each allegation and use as many pages as is necessary.

1. Describe the improper practice.

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2. Who committed the improper practice?
3. When did it happen and when did you notice it?
4. Where did it happen?
5. Is there any evidence that you can provide?

IMPORTANT: you should not attempt to obtain evidence for which you do not have a right of access since whistleblowers are 'disclosing parties' and **NOT** 'investigators'.

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6. Other persons involved other than the suspect(s) stated above:

7. Any other details or information which would assist in the investigation:

8. Additional comments:

Date:

Signature:
(optional)