

To : Top Glove Prevention And Anti Corruption Committee (TGPAC)
(Attention : Mr KM Lee, M.D. H/P No. 019-312 3356)

TOP GLOVE COMPLAINT FORM

Factory : _____

Note : The complainant's identity will be protected & reward will be given for correct information.

1. COMPLAINANT's DETAILS

Name : _____ Badge No. _____ Position : _____

Handphone No. : _____

2. DETAILS OF COMPLAINT

Please tick (✓) at relevant box.

a) Type of complaint : ☐ Work ☐ Colleagues ☐ Other Departments : _____

☐ Fraud ☐ Outside Parties : _____
(e.g suppliers, contractors)

☐ Others : _____

Please describe your complaint here (to enclose photocopies of documents or other items, if necessary)

(if not enough space, please continue at the back of this page)

Date : _____

Signature : _____

3. FOR OFFICE USE

N.B : Complaint box must be opened in the presence of 2 committee panel members.

Date Received : _____ Received By : 1) _____ 2) _____
(Name) (Name)

Via : ☐ Complaint Box ☐ Workers ☐ Staff ☐ Others : _____

