

Whistleblowing Form

Kindly provide the following information pertaining to any suspicions of misconduct or violation or breaching of law or policies and procedures, that might negatively impact the organization. Kindly note that you might be asked to personally aid in the course of any investigation, if the situation dictates.

Note: Kindly follow the official guidelines highlighted in the whistleblowing policy.

“ The purpose of internally blowing the whistle pertaining to any malpractices or suspicious conduct in corporate reporting, or internal regulatory systems, or any other jeopardizing affairs negatively impacting the company committed by any personnel, would lead to safeguarding the company and stakeholders and shareholders, and accordingly based on transparency the organization will guarantee for the whistleblower supreme confidentiality that would ensure his safety from any related negative reaction or damage that he might encounter in relation to blowing the whistle.”

Reporter's Contact information	
(This section may be left blank if the reporter wish to remain anonymous)	
Name *	
Designation	
Department	
Contact Number *	
E-mail Address *	
Suspect's Information	
Name *	
Designation	
Department	
Contact Number*	
E-mail Address *	
Witness's Information (if any)	
Name *	
Designation	
Department	
Contact Number*	
E-mail Address *	

Complaint: Briefly describe the wrongdoing/misconduct and how you came to know about it. Elaborate on what, who, when, where and how. If there was more than one wrongdoing/misconduct event, number each event and use as many pages as necessary.	
1. Specify the wrongdoing/misconduct that took place.	
2. Specify the name of the suspect involved.	
3. The date, day and timing of when the wrongdoing/misconduct took place.	
4. The place where the wrongdoing/misconduct took place.	
5. Detailed feedback of evidence that could support the allegation.	
6. Detailed feedback of official documents to support the allegation.	
7. Name the other parties involved with the suspect in committing the wrongdoing/misconduct.	
8. Provide us with further information that could support the course of investigation.	
9. Other comments.	
Date:	Signature:

If found please return to Salhia Real Estate Company P.O. Box 23413 Safat 13095

في حالة العثور على هذا المستند، يرجى اعادته الى شركة الصالحية العقارية ص.ب 23413 صفاة 13095

Send the form to :

faten@salhia.com

Fawaz@salhia.com