

 UNIVERSITI MALAYSIA KELANTAN	UMK/B01.01.09/01/2022 Pind. 3	Tarikh Kuatkuasa: 21 April 2022
	<b>BORANG ADUAN INTEGRITI</b> <b>INTEGRITY COMPLAINT FORM</b>  UNIT INTEGRITI PEJABAT NAIB CANSOLOR	

Sila baca dengan teliti sebelum mengisi borang ini  
*Please read carefully before filling in this form*

<b>BAHAGIAN A: UNTUK TINDAKAN PEJABAT</b> <b>SECTION A: TO BE COMPLETED BY THE OFFICE</b> (ruang ini akan diisikan oleh Unit Integriti) (The Integrity Unit will complete this part)	
<b>NO. ADUAN:</b> <b>REPORT NO.:</b>	<b>TARIKH DAN MASA TERIMA (COP):</b> <b>DATE AND TIME RECEIVED:</b>
<b>NAMA PEGAWAI MENERIMA ADUAN:</b> <b>NAME OF THE OFFICER WHO RECEIVED THE COMPLAINT:</b>	

<b>BAHAGIAN B: BUTIRAN PENGADU</b> <b>SECTION B: COMPLAINANT'S DETAILS</b>		
Nama: <i>Name:</i>		
No. Kad Pengenalan/ No. Tentera/ No. Pasport (Lampirkan salinan): <i>Identification No./ Military No./ Passport No. (Attach a copy):</i>		
Jantina: <i>Gender:</i>		
Bangsa: <i>Race:</i>		
No. ID Pegawai (jika ada): <i>Staff ID No. (if any):</i>		
Pekerjaan (Jawatan/ Gred): <i>Job (Position/ Grade):</i>		
Pusat Tanggungjawab: <i>Responsibility Center:</i>		
Alamat yang boleh dihubungi: <i>Contact address:</i>		
No. Telefon <i>Telephone No.</i>	Rumah: <i>Home:</i>	Pejabat: <i>Office:</i>
	Bimbit: <i>Mobile:</i>	
Alamat E-Mel: <i>Email address:</i>		

Nama dan Alamat Majikan: <i>Employer's Name and Address:</i>		
No. Telefon Majikan: <i>Employer's Telephone No.:</i>		
<b>BAHAGIAN C: BUTIRAN ORANG YANG HENDAK DIADUKAN</b> <b>SECTION C: DETAILS REGARDING COMPLAINEE</b>		
Nama Orang Yang Diadu (OYD): <i>Name of the Complainee:</i>		
No. Kad Pengenalan/ No. Tentera/ No. Pasport OYD (jika diketahui): <i>Identification No./ Military No./ Passport No. (if known):</i>		
No. ID Pegawai (jika diketahui): <i>Staff ID No. (if known):</i>		
Jawatan Orang Yang Diadu (OYD): <i>Position of the Complainee:</i>		
Pusat Tanggungjawab Orang Yang Diadu (OYD): <i>Responsibility Center of the Complainee:</i>		
Butiran tambahan lain (jika ada): <i>Additional details (if any):</i>		
<b>BAHAGIAN D: BUTIRAN ADUAN</b> <b>SECTION D: DETAILS OF THE COMPLAINT</b>		
1.	Butiran Aduan <i>Details of the complaint</i>	Tarikh: <i>Date:</i> Masa: <i>Time:</i> Tempat: <i>Place:</i>
		Butiran kejadian: <i>Details of the incident:</i>

<p>2.</p>	<p>Adakah anda pernah melaporkan perkara ini kepada Agensi/ Jabatan lain?  <i>Have you ever reported this matter to other Agencies/ Departments?</i></p>	<p>YA:          YES:</p>	<p>TIDAK:          NO:</p>
		<p>Jika YA, nyatakan:  <i>If YES, please state:</i></p> <p>a. Nama Pegawai yang telah menerima laporan  <i>a. Name of the Officer who received the report</i></p> <p>.....</p> <p>b. Nama Agensi/ Jabatan yang telah menerima laporan  <i>b. Name of the Agency (s) / Department (s) that received the report</i></p> <p>.....</p> <p>c. Tarikh laporan dibuat  <i>c. Report date</i></p> <p>.....</p> <p>d. Status laporan yang dibuat  <i>d. Report status</i></p> <p>.....</p>	
<p><b>Saya mengakui aduan dan butiran yang diberikan di atas adalah benar.</b>  <b><i>I hereby confirm that the information provided herein is accurate and correct.</i></b></p>			
<p>.....</p>			
<p>Tandatangan Pengadu  <i>Complainant's Signature</i></p>			
<p>Nama Pengadu:  <i>Complainant's Name:</i></p>			
<p>Tarikh:  <i>Date:</i></p>			

**Peringatan  
 Reminder**

Sila kembalikan dokumen sokongan (jika ada).  
*Please return the supporting documents (if any).*

Jika ruang tidak mencukupi gunakan helaian tambahan.  
*Please use additional sheets if the space is not adequate.*