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|  | UMK/B01.01.09/01/2023 Pind. 4 | Tarikh Kuatkuasa: 5 Oktober 2023 |
| **BORANG ADUAN INTEGRITI*****INTEGRITY COMPLAINT FORM***UNIT INTEGRITI PEJABAT NAIB CANSELOR  |

**Sila baca dengan teliti sebelum mengisi borang ini**

***Please read carefully before filling in this form***

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

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| **BAHAGIAN B: BUTIRAN PENGADU** ***SECTION B: COMPLAINANT’S DETAILS*** |
| Nama:*Name:* |
| No. Kad Pengenalan/ No. Tentera/ No. Pasport (Lampirkan salinan):*Identification No./ Military No./ Passport No. (Attach a copy):* |
| Jantina:*Gender:* |
| Bangsa:*Race:* |
| No. ID Pegawai (jika ada):*Staff ID No. (if any):* |
| Pekerjaan (Jawatan/ Gred):*Job (Position/ Grade):* |
| Pusat Tanggungjawab:*Responsibility Centre:* |
| Alamat yang boleh dihubungi:*Contact address:* |
| No. Telefon*Telephone No.* | Rumah:*Home:* | Pejabat:*Office:* |
| Bimbit:*Mobile:* |
| Alamat E-Mel:*Email address:* |
| Nama dan Alamat Majikan:*Employer's Name and Address:* |
| No. Telefon Majikan:*Employer's Telephone No.:* |
| **BAHAGIAN C: BUTIRAN PEGAWAI YANG HENDAK DIADUKAN*****SECTION C: DETAILS REGARDING OFFICER*** |
| Nama Pegawai Yang Diadu (PYD):*Name of the Officer:* |
| No. Kad Pengenalan/ No. Tentera/ No. Pasport PYD (jika diketahui):*Identification No./ Military No./ Passport No. (if known):* |
| No. ID Pegawai (jika diketahui):*Staff ID No. (if known):* |
| Jawatan Pegawai Yang Diadu (PYD):*Position of the Officer:* |
| Pusat Tanggungjawab Pegawai Yang Diadu (PYD):*Responsibility Centre of the Officer:* |
| Butiran tambahan lain (jika ada):*Additional details (if any):* |
| **BAHAGIAN D: BUTIRAN ADUAN** ***SECTION D: DETAILS OF THE COMPLAINT*** |
| 1. | Butiran Aduan*Details of the complaint* | Tarikh:*Date:*Masa:*Time:*Tempat:*Place:* |
| Butiran kejadian:*Details of the incident:* |
| 2. | Adakah anda pernah melaporkan perkara ini kepada Agensi/ Jabatan lain?*Have you ever reported this matter to other Agencies/ Departments?* | YA:*YES:* | TIDAK:*NO:* |
| Jika YA, nyatakan:*If YES, please state:*1. Nama Pegawai yang telah menerima laporan

*Name of the Officer who received the report* ……………………………………………………1. Nama Agensi/ Jabatan yang telah menerima laporan

*Name of the Agency (s)/ Department (s) that received the report* ……………………………………………………1. Tarikh laporan dibuat

*Report date* ……………………………………………………1. Status laporan yang dibuat

*Report status*……..……………………………………………. |
| **Saya mengakui aduan dan butiran yang diberikan di atas adalah benar.*****I hereby confirm that the information provided herein is accurate and correct.***……………………………Tandatangan Pengadu *Complainant’s Signature* Nama Pengadu:*Complainant’s Name:*Tarikh:*Date:* |

**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.*