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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.*