

MALTA FINANCIAL SERVICES AUTHORITY

PROTECTION OF THE WHISTLEBLOWER ACT (CAP. 527)

WHISTLEBLOWING EXTERNAL DISCLOSURE FORM

The completed form must be submitted directly and exclusively to the Whistleblowing Reports Unit. It should be submitted by hand or by registered mail and in urgent cases via email on whistleblowing@mfsa.com.mt followed by registered mail.

IMPORTANT

Have you made an internal disclosure within your organisation regarding this improper practice?

Yes

Why are you making this disclosure to the MFSA? (you **must** tick at least one)

1. no information given on internal disclosure made
2. no action taken on internal disclosure made

No please state reason (you **must** indicate at least one)

1. head of the organisation is or may be involved
2. justified by the urgency of the matter
3. subjection to occupational detriment
4. likely that evidence will be concealed or destroyed
5. other exceptional circumstances (*please specify below*)

Please provide the following details for any suspected improper practices committed by your employer or other employees within your organisation. Please note that you may be called upon to assist in the investigation, if required.

WHISTLEBLOWER'S CONTACT INFORMATION

*This section may be left blank if the whistleblower wishes to remain anonymous.
Anonymous disclosures are not considered as protected disclosures.*

NAME AND SURNAME:

ORGANISATION:

POSITION AND ROLE:

CONTACT NUMBER:

E-MAIL ADDRESS:

SUSPECT'S INFORMATION

NAME:

POSITION AND ROLE:

ORGANISATION:

CONTACT NUMBER:

E-MAIL ADDRESS:

WITNESS(ES) INFORMATION *(if any)*

If there are more than three witnesses, give their details on as many pages as necessary.

NAME:

DESIGNATION:

POSITION AND ROLE:

CONTACT NUMBER:

E-MAIL ADDRESS:

NAME:

DESIGNATION:

POSITION AND ROLE:

CONTACT NUMBER:

E-MAIL ADDRESS:

NAME:

DESIGNATION:

POSITION AND ROLE:

CONTACT NUMBER:

E-MAIL ADDRESS:

DISCLOSURE OF IMPROPER PRACTICE

Briefly describe the improper practice and how you came to know about it. Specify what, who, when, where and how. If there is more than one allegation, number each allegation and use as many pages as necessary.

1. Describe the improper practice.

2. Who committed the improper practice?

3. When did it happen and when did you notice it?

4. Where did it happen?

5. Is there any evidence that you can provide?

YOU SHOULD NOT attempt to obtain evidence for which you do not have a right of access since whistleblowers are 'disclosing parties' and **NOT** 'investigators'.

6. Other persons involved other than the suspect(s) stated above:

7. Any other details or information which would assist in the investigation:

8. Additional comments:

Date:

Signature:
(optional)

FOR WHISTLEBLOWER REPORTS UNIT USE ONLY

DISCLOSURE No.

RECEIVED BY:	RECEIVED ON:
	ACKNOWLEDGED ON:
EXTERNAL DISCLOSURE APPROPRIATE: Yes <input type="checkbox"/> No <input type="checkbox"/> (<i>please state reason below:</i>) _____ _____	
DECISION NOTIFIED ON:	
INVESTIGATION CARRIED OUT BY:	
INVESTIGATION RESULTS:	
ACTION TAKEN/CONCLUSION:	
REFERRAL TO OTHER AUTHORITIES (if necessary):	

Signature: