KALASALINGAM
ACADEMY OF RESEARCH AND EDUCATION
(DEEMED TO BE UNIVERSITY)
Under sec. 3 of UGC Act 1956. Accredited by NAAC with "A++" Grade

DISCLOSURE (WHISTLEBLOWER) REPORTING FORM

1. Whistleblower Details (Optional)
(You may choose to remain anonymous)

- Name: _____
- Employee ID / Register Number (if applicable): _____
- Department / Program: _____
- Contact Number: _____
- Email Address: _____

2. Report Details

- Date of Report: ____ / ____ / _____
- Type of Disclosure (✓ Tick as applicable):
  ☐ Financial Fraud
  ☐ Academic Misconduct
  ☐ Data Breach / IT Misuse
  ☐ Abuse of Authority
  ☐ Corruption / Bribery
  ☐ Other (please specify): _____

3. Description of Concern

(Provide detailed information about the incident. Include dates, locations, and sequence of events.)

_____
_____
_____
_____

4. Individuals Involved

(List names, designations, or any identifying details of individuals involved, if known.)

_____
_____

5. Evidence / Supporting Documents

(Attach or describe any supporting documents, emails, screenshots, or other evidence.)

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6. Have you reported this matter previously?

☐ Yes ☐ No

If yes, provide details:

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7. Preferred Mode of Communication

☐ Email ☐ Phone ☐ In-person ☐ No follow-up required

8. Declaration

I hereby declare that the information provided in this report is **true and accurate to the best of my knowledge**. I understand that making a false or malicious allegation may result in disciplinary action.

- Signature (if not anonymous): _____
- Date: ____ / ____ / _____

For Office Use Only

- Reference Number: _____
- Date Received: ____ / ____ / _____
- Received By: _____
- Initial Assessment Status: ☐ Accepted ☐ Rejected ☐ Pending
- Remarks: _____