

	Company Name Simba Security Service	Document No. SSS/MS/FR/012	
Title : Whistleblower Report Form		Rev.No: 00	
		Effective Date : 29/06/2026	Page 1

1. Reporter Information (Optional)

Name: _____ Department/stakeholder: _____

Telephone/E-mail: _____ ☐ I wish to remain anonymous

2. Incident Details

Date: _____ Time: _____ Location: _____

Person(s) Involved:

3. Type of Concern (✓)

☐ Fraud ☐ Theft ☐ Bribery/Corruption ☐ Conflict of Interest

☐ Human Rights Violation ☐ Harassment ☐ Safety Violation

☐ Security Breach ☐ Misuse of Assets ☐ Other: _____

4. Describe the Concern

5. Evidence / Witnesses

6. Previous Report

☐ Yes ☐ No If Yes, to whom? _____

Reporter Signature (Optional): _____ Date: _____

<i>Initiated by: SOMS Task Force</i>	<i>Approved by: Chief Executive Officer</i>
<i>“ we are always available ”</i>	