**UNIT INTEGRITI**

***INTEGRITY UNIT***

**INSTITUT SUKAN NEGARA**

***NATIONAL SPORTS INSTITUTE OF MALAYSIA***

**BANDAR SUKAN BUKIT JALIL, SERI PETALING**

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**E-mel: integriti@isn.gov.my**



**BORANG ADUAN INTEGRITI**

***INTEGRITY COMPLAINT FORM***

|  |  |
| --- | --- |
| NO. ADUAN  *COMPLAINT NUMBER* |  |
| TARIKH/MASA ADUAN  *DATE/TIME OF COMPLAINT* |  |
| NAMA PEGAWAI PENERIMA  *NAME OF RECEIVING OFFICER* |  |

(Diisi oleh Unit Integriti)

*(To be filled by the Integrity Unit)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BUTIRAN PENGADU**  ***PARTICULARS OF THE COMPLAINANT*** | | | | | |
| Nama Pengadu  *Name of Complainant* |  | | | | |
| No. Kad Pengenalan  *I.C. Number* |  | | Umur  *Age* | |  |
| No. Pasport  *Passport No.* |  | | Jantina  *Gender* | |  |
| Bangsa  *Race* |  | Warganegara  *Citizenship* | | |  |
| Alamat Surat-Menyurat  *Mailing Address* |  | | | | |
| Pekerjaan  *Occupation* |  | | | | |
| No. Tel. (Bimbit)  *Mobile Number* | No. Tel (Rumah)  Phone No. (House) | | | No. Faks (jika ada)  *Fax No. (if any)* | |
| Alamat E-mel  *Email Address* |  | | | | |

|  |  |
| --- | --- |
| **BUTIRAN PEGAWAI/KAKITANGAN ISN YANG DIADUKAN**  ***PARTICULARS OF THE COMPLAINED OFFICER/STAFF*** | |
| Nama Pegawai/Kakitangan  *Name of Officer/Staff* |  |
| Pangkat/Jawatan  *Rank/Position* |  |
| Bahagian/Pusat/Unit  *Division/Centre/Unit* |  |
| **BUTIRAN KEJADIAN YANG DIADUKAN**  ***DETAILS OF COMPLAINT*** | |
| Tempat Kejadian  *Place of the Incident* |  |
| Tarikh/Masa  *Date/Time* |  |
| Pihak Lain Yang Terlibat (jika ada)  *Other Parties Involves*  *(if any)* |  |

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| **KENYATAAN PENGADU (SILA GUNA LAMPIRAN JIKA RUANG TIDAK MENCUKUPI)**  ***STATEMENT OF COMPLAINANT (PLEASE USE ATTACHMENT IF THERE IS INSSUFICIENT SPACE)*** |
|  |
| **Saya mengakui aduan dan butiran yang diberikan adalah benar mengikut pengetahuan dan kepercayaan saya.**  ***I acknowledge the complaint and the details given are correct according to my knowledge and belief.*** |
| Tandatangan Pengadu Tarikh  *Complainant Signature*: *………………………………………. Date : …………………………..* |