## Whistle Blowing Complaint Form

*(Confidential)*

### 1. WHISTLEBLOWER / REPORTER INFORMATION

*(Identity disclosure encouraged; confidentiality assured)*

- Name: _____
- CNIC: _____
- Designation / Relationship with NTS: _____
- Contact Number: _____
- Email Address: _____
- Address: _____

### 2. ACCUSED / SUSPECT INFORMATION

*(As far as known)*

- Name: _____
- Designation: _____
- Department / Unit: _____
- Organization (if external): _____
- Any other relevant details:_____

### 3. TYPE OF COMPLAINT (✓ Tick)

☐ Fraud / Financial Irregularity
☐ Corruption / Bribery
☐ Misuse of Authority or Resources
☐ Conflict of Interest
☐ Manipulation of Test / Exam Process
☐ Breach of Laws / Policies
☐ Disclosure of Confidential Information
☐ Harassment / Discrimination
☐ Any other: _____

### 4. DETAILS OF THE COMPLAINT

_____

_____

_____

### 5. SUPPORTING EVIDENCE

☐ Attached ☐ Not Available

Brief description (if any):

_____

_____

### 6. DECLARATION

I confirm that the above information is true to the best of my knowledge and is being submitted in good faith.

Signature_____

Date: _____

**For Official Use Only**

- Date Received: _____
- Reference No.: _____
- Received By: _____
- Remarks / Action Taken: _____

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*"Integrity in Action – Speak Up for Transparency, Accountability, and Public Trust."*