



Anti-Fraud and Misconduct Reporting Form (AFMR)

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DOCUMENT INFORMATION

Document Title:	Anti-Fraud and Misconduct Reporting Form (AFMR)		
Document Number:	IAD-FRM-101-01	Total No. of Pages:	2
Effective Date:	15 May 2018	Revision No:	4
Document Developer:			
Name:	Sai Shankar Ram		
Title:	Audit and Investigation Specialist	Department:	IAD

DOCUMENT APPROVALS

Functional Element Lead Approval:		Electronically Approved
Name:	Stig Sunde (for Sultan Khouri)	Signature:
Title:	Senior Internal Auditor (Director of Internal Audit)	Date:
		15 May 2018
Other Approvals (as necessary or desired):		
Name:		Signature:
Title:		Date:
Name:		Signature:
Title:		Date:
Name:		Signature:
Title:		Date:



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REVISION HISTORY

Effective Date	Rev. No.	Reason for Revision	Revised Section(s)	Document Developer(s)	Document Approver(s)
15-May-2018	4	Periodic Review Back End Changes <ul style="list-style-type: none"> ▪ Updated to current template ▪ Added date picker ▪ Updated effective date, no change in contents 	Effective Date Template	Sai Shankar Ram	Stig Sunde for (Sultan Khouri)
14-September-2015	3	Minor Revision to the form. Senior Audit and Investigations Specialist modified to Audit and Investigations Team	Various	Aman Suri	Stig Sunde for (Sultan Khouri)
25-June2015	2	New Template and Minor changes	Various	Aman Suri	Stig Sunde for (Sultan Khouri)
23-January-2015	1	Transfer this document from PG to internal audit.	Various	Aman Suri	Sultan Khouri
13-June-2013	0	Ownership transferred from PG to IAD. Supersedes PG-FRM-301-01	Various	Aman Suri	Sultan Khouri



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INSTRUCTIONS: None		Retention Period	Record Type
Ref. Document:	IAD-PRC-101-01	Non-Permanent 10 Years (N10)	BR-Business Record
Record ID:		Date:	Day-Month-Year
<ul style="list-style-type: none"> Please use this form to report information on fraud or misconduct. Include as much information as you can, but only report what you are aware of. If you do not know the answer to one of the questions below, please leave the field blank. You may complete this form anonymously or you may include your contact information. If you provide your contact details, your information will remain confidential to the extent possible. The completed form should be submitted to the Audit & Investigations Team in Internal Audit. 			
Nature of Fraud or Misconduct			
Please use this section to enter the details of the person you suspect may be involved in fraudulent activity.			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
First Name:			
Surname:			
Title:			
Organization within ENEC:			
Please provide details of the type of fraud you suspect is going on. Include any information you believe is relevant to prove that the fraud may be happening, has happened, or is about to happen.			
Is there anyone else involved in the activity you are reporting? If so, please provide any information you have on that person's activities.			
Is there any other information we need to know that has not been covered in the sections above? If so, please include it here.			



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INSTRUCTIONS: None		Retention Period	Record Type
Ref. Document:	IAD-PRC-101-01	Non-Permanent 10 Years (N10)	BR-Business Record
Record ID:		Date:	Day-Month-Year
If you wish, you may complete this form anonymously or you may provide us with your contact details. If you provide us with your contact details, we will keep your information confidential to the extent possible; however, the Audit & Investigations Team may contact you for more information (if required).			
About You			
Do you wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name:			
Surname:			
Title:			
Organization within ENEC:			
Work Phone Number:			
Mobile Number:			
Email Address:			
Thank you for providing information for this report. If you later find that you have any further evidence, please contact the Audit & Investigations Team in Internal Audit.			
Sign Off (Not required if anonymous)			
Name:		Signature:	Date: Day-Month-Year