



Notification Form

If you have information on suspected misconduct within an administrative body (ministry, government-owned company, other government entities), please complete this form.

Personal Information

Full name* _____

Current address _____

Telephone number _____

Email address _____

Place of work _____

* Copy of valid identification required

Information about the suspected misconduct

What was the date or period of the suspected misconduct?

At which administrative body did the suspected misconduct take place?

If known, who was involved in the suspected misconduct? State name(s) and function(s).

| Name(s) | Function(s) |
|---------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Provide a detailed description of the suspected misconduct:

Are there any witnesses, or do you have any documents or other evidence to support the suspected misconduct?

- No
- Yes*, provide details below:

**Attach copies of supporting documents*

Provide any additional information that may be relevant:

Has the suspicion of misconduct been reported internally?

- No, reason: _____
- Yes, to: _____ Date: _____

Has the suspicion of misconduct been reported to another institution? (e.g. the Ombudsman, the police, etc.)

- No
- Yes, institution: _____ Date: _____

Statement of consent:

I agree that my identity may be communicated to the administrative body.

- Yes
- No

Date

Signature*

**Signature is required. If notification is signed by an authorized representative, attach authorization letter.*

Please complete form fully. Incomplete forms will not be processed. The completed form, along with a copy of a valid I.D and other supporting documents, can be submitted to notification@integritychamber.sx or by post to the address below.

Integrity Chamber
P.O. Box 1080 Philipsburg,
Sint Maarten