

Appendix I
MCB Bank Limited
Complaint Form

Page No. (For official use only)

(All information will be kept Confidential)

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| Complaint Submitted By: |
| Date of Complaint: |
| Complaint No. (For official use only) |
| Time: |
| Is the person submitting this complaint an Employee (E) ; Customer (C) ; Vendor (V) or Other (O) (For official use only) |

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| 1) Please provide details with respect to the location of the incident (e.g. region / branch, specific location and department). |
| 2) Please describe the nature of your concern regarding financial and non financial/ or operational matters. Include sufficient information for an independent person to understand the concern and to enable further investigation. |
| 3) Please state the full name(s) and title(s) of individuals whom you suspect of wrongdoing. |
| 4) How many times has this incident taken place (if applicable)? |
| 5) How long this incident been taking place (if applicable)? |
| 6) Please provide your name and contact information? |
| 7) Would you like to arrange a meeting/telephone call with an Investigating Officer to discuss this matter? No <input type="checkbox"/> Yes <input type="checkbox"/> |

For Office Use only

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|-------------------------------------|
| Date Received: |
| Complaint Referred to: |
| Date Listed on CRU Tracking Matrix: |
| Date Presented to Audit Committee: |
| Date of Closure: |
| Date of Response: |